

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -7 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000001793

1. Corporation Name

OVERCOMERS COMMUNITY DEVELOPMENT CORPORATION, INC.

2. Principal Office Address

242 N. MAGNOLIA DRIVE

Suite, Apt. #, etc.

City & State

TLH, FL

Zip

32301

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

700041815027
10/12/04--01035--011 **122.50

4. Date Incorporated or Qualified
To Do Business in Florida

11/99

5. FEI Number

59-3704642

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dr. DOMETIUS A. COREY

Street Address (P.O. Box Number is Not Acceptable)

6540 CEDAR CHASE WAY

Suite, Apt. #, Etc.

City

TLH

State

FL

Zip Code

32311

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

X [Signature]

REGISTERED AGENT MUST SIGN

Date 10/6/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres/ CEO	DOMETIUS A. COREY	6540 CEDAR CHASE WAY	TLH, FL 32311
D	EUGEN A. COREY	6540 CEDAR CHASE WAY	TLH, FL 32311
D	GEORGINA M. COREY	3520 OLD BRIDLE GATE RD	TLH, FL 32312

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/04

Date

Daytime Phone #

CR2E081 (01/04)

202

10/6/04

TO WHOM IT MAY CONCERN:

PLEASE RE-INSTATE OUR COLLABORATION AT THIS TIME.

WE DID NOT RECEIVE AN ANSWER FROM IN THE
MAIL.

SWC
x 