

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**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  
*292 N. MAGNOLIA DRIVE*

3. Mailing Office Address  
*SAME*

Suite, Apt. #, etc.  
—

Suite, Apt. #, etc.  
—

City & State  
*TLH, FL*

City & State  
—

Zip  
*32301*

Country  
*USA*

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. COLEY*

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 *[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   |
|------------------|-----------------------------------|--|----------------------|
| <i>PRES/ CEO</i> | <i>DOMETIUS A. COLEY</i>          | <i>6540 CEDAR CHASE WAY</i>                    | <i>TLH, FL 32311</i> |
| <i>D</i>         | <i>EUGIA A. COLEY</i>             | <i>6540 CEDAR CHASE WAY</i>                    | <i>TLH, FL 32311</i> |
| <i>D</i>         | <i>GEORGINA M. COLEY</i>          | <i>3520 OLD KNOWLEDGE RD</i>                   | <i>TLH, FL 32312</i> |
|                  |                                   |  |                      |
|                  |                                   |  |                      |
|                  |                                   |  |                      |

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *10/6/04*

Daytime Phone #

CR2E081 (01/04)

2052

10/6/04

TO WHOM IT MAY CONCERN:

PLEASE RE-INSTATE OUR COLLABORATION AT THIS TIME.

WE DID NOT RECEIVE AN RENEWAL FORM IN THE

MAIL.

SWC  
x [Signature]