

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 10 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N0100002114

1. Corporation Name

*THE COMMUNITY DEVELOPMENT CORPORATION OF THE
SOUTHWEST FLORIDA COMMUNITY AND FAITH-BASE
COALITION, INCORPORATED*

600138077006
11/19/08--01021--012 **192.50

REINSTATEMENT 06-08
CRZE08T (10/08)

2. Principal Office Address - No P.O. Box #

1404 WHITFIELD AVE.

Suite, Apt. #, etc.

SUITE C

City & State

SARASOTA, FLA.

Zip

34243

Country

USA

3. Mailing Office Address

1404 WHITFIELD AVE.

Suite, Apt. #, etc.

SUITE C

City & State

SARASOTA, FLA.

Zip

34243

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/27/2001

5. FEI Number

651103757

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

William A. Gibson

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

1404 WHITFIELD AVE.

Suite, Apt. #, Etc.

SUITE C

City

SARASOTA

State

FL

Zip Code

34243

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

William A. Gibson
REGISTERED AGENT MUST SIGN

Date

11/04/08

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
D	LARRY HOLDER	803 25 TH STREET E.	BRADENTON, FL 34208
D	DELBIA HOWARD	2408 7 TH AVE. E.	PALMETTO, FL 34221
D	FRANCISCO SOLORZANO	1651 LONG FELLOW	BRADENTON, FL 34243

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 contained in Chapter 119, 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:

Larry R. Holder LARRY R. HOLDER Nov. 4TH 08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JC 11/12