

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 23 AM 8:00

DOCUMENT # N01000002114

1. Corporation Name

THE COMMUNITY DEVELOPMENT CORPORATION OF THE SOUTH
FLORIDA COMMUNITY AND FAITH-BASE COALITION

Principal Place of Business

Mailing Address

900 3RD ST E
BRADENTON FL 34208

P.O. BOX 337
BRADENTON FL 34208 SAME AS
BELOW

2115 18TH STREET COURT EAST
BRADENTON, FLORIDA 34208

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

SAME AS ABOVE

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/27/2001

5. FEI Number

65-1103757

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CHAIR	KENNY TERRELL	5714 28 TH STREET EAST	BRADENTON, FLA. 34203
D	PATRICK DICKEY	417 2 ND AVE. EAST	BRADENTON, FLA. 34203
T	BERNITHA COPELAND	3402 5 TH DRIVE W.	PALMETTO, FLA. 34221
S	DOROTHY MIDDLETON	215 11 TH AVE. W.	BRADENTON, FLA. 34205
D	MILDRED HALL	2605 9 TH AVE. E.	BRADENTON, FLA. 34208

8. Name and Address of Current Registered Agent

GIBSON, WILLIAM A
2115 18 ST CT E
BRADENTON FL 34208

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

9/10/03

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/24/03

Daytime Phone #

CP2EQ40 (8/02)