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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 25 AM 9:08

DOCUMENT # NO1000002994

1. Corporation Name

THE NEHEMIAH PROJECT COMMUNITY DEVELOPMENT CORPORATIO

REINSTATEMENT 03-05

2. Principal Office Address		3. Mailing Office Address	
3108 MERLOT WAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
CLERMONT, FL			
Zip	Country	Zip	Country
34711	USA		

4. Date Incorporated or Qualified To Do Business in Florida: 4/27/2001

5. FEI Number: 59-3730892 ☐ 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: ADKINS, WILLIE R

100050174961
08/31/05--01028--003 **450.00

Street Address (P.O. Box Number is Not Acceptable): 3108 MERLOT WAY

Suite, Apt. #, Etc.:

City	State	Zip Code
CLERMONT	FL	34711

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: _____ Date: 3/16/2005

REGISTERED AGENT MUST SIGN

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
PD	ADKINS, WILLIE R	3108 MERLOT WAY	CLERMONT, FL 34711
D	SMITH, ERICKA	3108 MERLOT WAY	CLERMONT, FL 34711
D	MCCOY, LAVERNE	3108 MERLOT WAY	CLERMONT, FL 34711

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: _____ ADKINS, WILLIE R — 6/20/2005 — (407) 895-5933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Robinson and Robinson Inc.

JUNE 20, 2005

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform you that THE NEHEMIAH PROJECT COMMUNITY DEVELOPEMETN CORPORATION , has relocated. The named Corporation did not receive a Annual Corporate Reports, for the years (2003), (2004) and (2005). Due to these circumstances we are asking that you abate the reinstatement fees. The payment of $450.00 is enclosed for the said years. If there are any questions you can contact me at (407) 895-5933. Document #N01000002994.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,

Maurice Robinson