

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 11 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO1000004596

1. Corporation Name

Community Co-Op Development Corp.

REINSTATEMENT 02-04

2. Principal Office Address

12550 Biscayne Blvd.

Suite, Apt. #, etc.

500

City & State

Miami, FL

Zip

33181

Country

USA.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/28/01

5. FEI Number

☒ 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

Daryl Pitts

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

12550 Biscayne Blvd.

Suite, Apt. #, Etc.

500

City

Miami

700029299447

02/24/04--01029--009 **18.75

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 2/5/04

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
CEO	Daryl Pitts	12550 Biscayne Blvd. #500	Miami, FL 33181
D	Ronald McCray	100 NW 90 St.	Miami, FL 33150
D	Verma Johnson	7043 NW 6 Ct.	Miami, FL 33150

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

2/5/04 305-459-4446

Date

Daytime Phone #

CR2E081 (10/02)

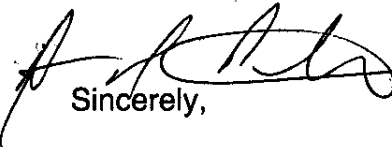
Feb 5, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Community Co-Op Development Corp.
Doc. # N01000004596

To Whom It May Concern;

I am writting to inform you that I have not received my annual report for 2002 or 2003. Enclosed is a money order in the amount of \$183.75 to reinstate my corporation and ask that you please waive the penalty fee. I thank you in advance for your consideration and time.


Sincerely,