

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JAN 24 PM 12:14

CR2E081 (12/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO1000004596

1. Corporation Name Community Co-op Development Corporation

2. Principal Office Address - No P.O. Box # <u>12550 Biscayne Blvd.</u>		3. Mailing Office Address <u>12550 Biscayne Blvd.</u>	
Suite, Apt. #, etc. <u>500</u>		Suite, Apt. #, etc. <u>Suite 500</u>	
City & State <u>North Miami, FL</u>		City & State <u>North Miami, FL</u>	
Zip <u>33181</u>	Country <u>USA</u>	Zip <u>33181</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida 6/28/01

5. FEI Number 01-0799-519

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

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)
45 N. W. 86th St.

Suite, Apt. #, Etc.

City Miami FL State FL Zip Code 33150

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 [Signature] Date Jan. 18, 08

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
<u>VP/T</u>	<u>Daryl Pitts</u>	<u>45 N. W. 86th St.</u>	<u>Miami FL 33150</u>

REINSTATEMENT 01-08 1/24/08

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: [Signature] Date Jan. 18, 08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR