

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JUL -1 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **N-01000006797**

1. Corporation Name

Community Financial Assistance

2. Principal Office Address

301 Nine Mile Rd.

Suite, Apt. #, etc.

Suite 8

City & State

Pensacola, FL

Zip

32534

Country

USA

3. Mailing Office Address

301 Nine Mile Rd.

Suite, Apt. #, etc.

Suite 8

City & State

Pensacola, FL

Zip

32534

Country

USA

**REINSTATEMENT**

02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

Sept. 12, 2003

5. FEI Number

59-3747545

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

Peter Glass

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

301 Nine Mile Rd.

Suite, Apt. #, Etc.

Suite 8

City

Pensacola

State  
**FL**

Zip Code  
**32534**

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 **6/24/2003**

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
Pres	James J. Davis	3030 NE 49th st	Ft. Lauderdale, FL 33308
Vpres	Joseph Santoro	2425 E Commercial Blvd	Ft. Lauderdale, FL 33308
Sec	Jacqueline Davis	2425 E Commercial Blvd	Ft. Lauderdale, FL 33308

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/2003

Date

Daytime Phone #

954-562-9499

CR2E081 (10/02)

9/7/7