

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 8:02

DOCUMENT # N01000008212

1. Corporation Name

COMMUNITY BUILDERS HOLISTIC DEVELOPMENT CORPORATION

SECRETARY OF STATE
300008699633
10/30/02--01072--005 **70.00

Principal Place of Business

1241 NW 99 ST
MIAMI FL 33147

Mailing Address

1241 NW 99 ST
MIAMI FL 33147

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/2001

5. FEI Number

01-0572659

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
D	WOODARD, HARLAN E	1241 NW 99 ST	MIAMI FL 33147
D	STYLES, DONNA M	400 NW 38 PL	POMPANO BCH FL 33064
D	STYLES, NATHANIEL B JR	400 NW 38 PL	POMPANO BCH FL 33064

8. Name and Address of Current Registered Agent

STYLES, NATHANIEL B JR
400 NW 38 PL
POMPANO BCH FL 33064

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

CR2E040 (8/02)

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

Nathaniel B Styles
REGISTERED AGENT MUST SIGN

Date

10/25/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

COMMUNITY BUILDERS HOLISTIC DEVELOPMENT CORPORATION

1241 Northwest 99th Street, 101A

Miami, Florida 33147

Tel: (954) 693.6315 Fax: (305) 691.9659

Email: CBUILDHDC@aol.com

October 25, 2002

Division of Corporations

Annual Report/ Reinstatement Section

PO Box 6327

Tallahassee, FL 32314-6327

Re: N01000008212

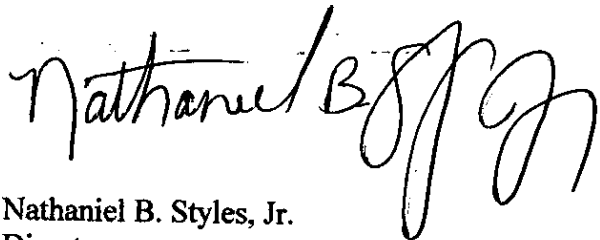
Dear Sir or Madam,

COMMUNITY BUILDERS HOLISTIC DEVELOPMENT CORPORATION did not receive the 2002 UBR 1st or 2nd notice. We request that you waive the penalty of \$150. reinstate the corporation and return it to active status.

Enclosed is a check in the amount of \$70. and the required APPLICATION FOR REINSTATEMENT. Please send the Certificate of Status upon reinstatement.

Sincerely yours,

COMMUNITY BUILDERS HOLISTIC DEVELOPMENT CORPORATION

A handwritten signature in dark ink, appearing to read "Nathaniel B. Styles, Jr.", with a stylized flourish at the end.

Nathaniel B. Styles, Jr.

Director

Enclosures (2)