

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000008212

1 Corporation Name

COMMUNITY BUILDERS HOLISTIC DEVELOPMENT CORPORATION
GLOBAL SERVICES INITIATIVE

30031603803
07/13/18--01019--010 **\$555.00

2 Principal Office Address - No P.O. Box #

1241 NW 99 ST

Suite, Apt. #, etc

3 Mailing Office Address

1241 NW 99 ST

Suite, Apt. #, etc

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33147

Country

USA

Zip

33147

Country

USA

CR2E081 (11/10)

4 Date Incorporated or Qualified
To Do Business in Florida

5 FET Number

01-0572659

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

HARLAN E. WOODARD

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

1241 NW 99 ST

Suite, Apt. #, etc

City

MIAMI

State

FL

Zip Code

33147

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

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>P</u>	<u>HARLAN E. WOODARD</u>	<u>1241 NW 99 ST</u>	<u>MIAMI, FL 33147</u>
<u>V</u>	<u>NATHANIEL B. STYLES, JR</u>	<u>400 NW 30 PL</u>	<u>POMPANO BEACH, FL 33064</u>
<u>S</u>	<u>DONNA M. STYLES</u>	<u>400 NW 30 PL</u>	<u>POMPANO BEACH, FL 33064</u>

JUL 23 2018

S. YOUNG

10 E-mail Address: KWAKU120@GMAIL.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Harlan E. Woodard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/2018

DATE

786-344-1152

Daytime Phone #