

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ND1000008212

1 Corporation Name
COMMUNITY BUILDERS HOLISTIC DEVELOPMENT CORPORATION
GLOBAL SERVICES INITIATIVE

300316033803
07/13/18--01019--010 **\$55.00

2. Principal Office Address - No P.O. Box # <u>1291 NW 99 ST</u>		3. Mailing Office Address <u>1291 NW 99 ST</u>	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State <u>MIAMI, FL</u>		City & State <u>MIAMI, FL</u>	
Zip <u>33147</u>	Country <u>USA</u>	Zip <u>33147</u>	Country <u>USA</u>

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida	
5. FET Number <u>01-0572659</u>	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)
1291 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>1291 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* DATE: 7/15/2018 Daytime Phone #: 786-344-1152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR