

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000008212

1. Corporation Name

COMMUNITY BUILDERS HOLISTIC DEVELOPMENT CORPORAT
ION

Principal Place of Business

Mailing Address

1241 NW 99 ST
MIAMI FL 33147

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Reincorporated
To Do Business in Florida

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

9. Name and Address of New Registered Agent

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

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Oct. 20, 2003

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:

Nathaniel B Styles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct. 20, 2003

Daytime Phone #

CR2E040 (7/03)

COMMUNITY BUILDERS HOLISTIC DEVELOPMENT CORP.

400 Northwest 38th Place
Pompano Beach, FL 33064
Tel./Fax 954-781-1145
EMAIL: CBUILDHDC@AOL.COM

October 20, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam,

As per our recent conversation I did not receive the necessary UBR paperwork in the mail to renew corporate status for Community Builders HDC Document Number:1000008212 or Kwaku Designs International, Inc. Document Number:P00000011258. As discussed our offices are located in an inner city neighborhood and we frequently have issues with not receiving mail. We appreciate you waiving additional reinstatement fees and have enclosed checks in the amount of:

- \$70.00 for Community Builders' UBR and Certificate of Status.
- \$158.75 for Kwaku Designs International's UBR and Certificate of Status

Your assistance with this matter is greatly appreciated.

Sincerely,

Director
for Community Builders HDC and Kwaku Designs International, Inc.