

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

~~Kathleen Harris~~
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 20 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO1000008410

1. Corporation Name

Naranja Community Revitalization Coalition, Inc.

200009619692
12/20/02--01075--003 **\$1.25

2. Principal Office Address

13955 SW 264th St

3. Mailing Office Address

761 NW 196th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naranja, FL

City & State

MIAMI, FL

Zip

33032

Country

Zip

33169

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/01

5. FEI Number

☒ 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

Trevor Forbes

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

761 NW 196th

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33169

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

Trevor Forbes

Date 12/15/02

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
D/P	Trevor Forbes	761 NW 196th	MIAMI, FL 33169
D	CHARRA FERGUSON	1391 NW 173th	MIAMI, FL 33169
D	James Loyd	2024 NW 193th	MIAMI, FL 33056

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

12/12/02

Date

(786) 306-8842

Daytime Phone #

CR2E081 (9/01)

To Whom It May Concern:

On the behalf of the Naranja Community Revitalization Coalition I ask that all late fees be waived, due to the fact that we never received any reinstatement forms for the current year. Please let the enclosed check serve as payment for our Reinstatement.

Thanks in advance.

Trevor Forbes
President
NCRC