

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

03 OCT 14 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO1000008410

1. Corporation Name

NARANJA COMMUNITY REVITALIZATION COALITION, INC.

Principal Place of Business

13955 SW 264TH ST
NARANJA FL 33032

Mailing Address

761 NW 196 TR
MIAMI FL 33169

REINSTATEMENT 2003



200023791292

10/14/03--01056--032--**236.25

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/03/2001	
City & State		City & State		5. FEI Number, 920188598	
Zip		Zip		APPLIED FOR	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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
DP	FORBES, TREVOR	761 NW 196 TR	MIAMI FL 33169
D	FERGUSON, CHAKA	1391 NW 173 TR	MIAMI FL 33169
D	LOYD, JAMES	2024 NW 193 TR	MIAMI FL 33056

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FORBES, TREVOR 761 NW 196 TR MIAMI FL 33169		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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: REGISTERED AGENT MUST SIGN

Date: 10/7/03

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: Trevor Forbes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/7/03

Daytime Phone #: (505) 620-7300

CR2E040 (7/03)