

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 AUG -4 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000001128

1. Corporation Name  
Institute for Community Development, Inc.

2. Principal Office Address  
2511 N. Grady Avenue

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip  
33607

Country  
USA

3. Mailing Office Address  
same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT  
CR2E081 (12/05)

03-06

4. Date Incorporated or Qualified  
To Do Business in Florida 02/14/2002

5. FEI Number  
59-0787668

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

Bradley J. Wood, Esq.

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

2639 Dr. M.L. King, Jr. Street North

Suite, Apt. #, Etc.

City

St. Petersburg

State  
FL

Zip Code  
33704

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

SEE ATTACHED

Date August 3, 2006

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
P/D	Dr. Randy A. White	2511 N. Grady Avenue	Tampa, FL 33607
VP/D	Paula M. White	2511 N. Grady Avenue	Tampa, FL 33607
ST/D	Norva Carrington	2511 N. Grady Avenue	Tampa, FL 33607

500078727785  
08/19/06--01039--002 \*\*463.75

87-88

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 contained in Chapter 119, 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

Norva Carrington

8/3/2006  
Date

(813) 879-4673  
Daytime Phone #

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Institute for Community Development, Inc.
2. The principal office address: 2511 N. Grady Avenue  
Tampa, FL 33607
3. The mailing address (if different): same
4. Date of incorporation/qualification: 02/14/2002 Document number: N02000001128
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Susan Morgan

3202 Colwell Court #2207

Tampa, FL 33607

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Bradley J. Wood, Esq.

2639<sup>1</sup> Dr. M.L. King, Jr. Street North

(P.O. Box NOT acceptable)

St. Petersburg, FL 33704

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer or director)

Norva Carrington, Director/Secy.-Treas.

(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

(Signature of Registered Agent)

August 3, 2006

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)