

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 25 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000003838

1. Corporation Name

ACTS Community Development
Corporation

2. Principal Office Address

344 SW 4 Ave

Suite, Apt. #, etc.

City, State

Homestead, FL

Zip

33030

Country

US

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/20/2002

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

Norman Freeman

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

344 SW 4 Ave 100031197561
03/25/04--01042--023 **300.00

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33030

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

Norman Freeman

REGISTERED AGENT MUST SIGN

Date 13 Feb 2004

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
Chair	LAVINA FREEMAN	344 SW 4 Ave	Homestead FL 33034
Sec	Heather Price	13963 SW 153 Terr	Miami FL 33177
Tres	AARON BUTLER	344 SW 4 Ave	Homestead FL 33034

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:

Heather Price
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 Feb 2004

Date

305.235.7846

Daytime Phone #

CR2E081 (01/04)