

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 24 PM 1:09

DOCUMENT # N02000005977

1. Corporation Name

THE PEOPLE'S COMMUNITY OUTREACH AND DEVELOPMENT
CENTER FOUNDATION, INC.

Principal Place of Business

10061 SOUTHWEST 158TH TERRACE
MIAMI FL 33157

Mailing Address

10061 SOUTHWEST 158TH TERRACE
MIAMI FL 33157

REINSTATEMENT



500024633425

11/13/03--01023--009 **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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/06/2002

5. FEI Number

65-1040212

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)

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

PD

WILLIAMSON-HILL, ANNETTE

10061 SOUTHWEST 158TH TERRACE

MIAMI FL 33157

VD

ROSS, GLENN T

10061 SOUTHWEST 158TH TERRACE

MIAMI FL 33157

VD

CAMPBELL, ROY A

10061 SOUTHWEST 158TH TERRACE

MIAMI FL 33157

SD

CAMPBELL, PETHRONA L

10061 SOUTHWEST 158TH TERRACE

MIAMI FL 33157

TD

LINTON, DAWN

10061 SOUTHWEST 158TH TERRACE

MIAMI FL 33157

D

LESLIE, CLAYBURN

10061 SOUTHWEST 158TH TERRACE

MIAMI FL 33157

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

MIAMI

FL

33157

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

500024633425

11/13/03--01023--010 **8.75

Date

11/5/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pethrona L Campbell PETHRONA L Campbell 11-21-03

CR2E040 (7/03)