

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 17 AM 10:50

DOCUMENT # *N02000009675*

1. Corporation Name

My Choice Community Development, Inc.

000021961990
11/24/03-01026-006 **148.75

REINSTATEMENT *D3*

2. Principal Office Address

1111 36th Street

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33407

Country

US

3. Mailing Office Address

5241 West Lakes Drive

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

Zip

33442

Country

US

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

12/10/02

5. FEI Number

65-1148862

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

Vincent Kendrick, Sr.

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

5241 West Lakes Drive

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33442

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

Vincent Kendrick, Sr.
REGISTERED AGENT MUST SIGN

Date 11/14/03

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
PD	Vincent Kendrick, Sr.	5241 West Lakes Drive	Deerfield Beach, FL 33442
VD	Paula Ward	1251 Santa Cora Avenue, #1731	Chula Vista, CA 91913
D	Altermease Kendrick	5241 West Lakes Drive	Deerfield Beach, FL 33442
T	Robert Jordan, Jr.	1120 9th Street	Riviera Beach, FL 33404
O	Anita Davis	1500 North Congress Ave. C23	West Palm Beach, FL 33401
O	Carolyn Williams	1522 43rd Street	West Palm Beach, FL 33407

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

Altermease Kendrick, Dir.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Altermease Kendrick, Dir.

11/14/03

Date

561-848-0901

Daytime Phone #

CR2E081 (10/02)

11/17/03