

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 10 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ND3000002803

1. Corporation Name

Trinity Community Development
Foundation of West Palm Beach,
Florida, Inc.

2. Principal Office Address 1401 Ninth St.

West Palm Beach, FL

Suite, Apt. #, etc. 33401

City & State

Zip

Country

3. Mailing Office Address 1401 Ninth St.

West Palm Beach, FL 33401

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/26/2003

5. FEI Number

01-0875347

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Otelia DuBose

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

1401 Ninth St

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33401

500080673865

09/13/05--01017--004 **21.00

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

[Signature]

Date

9/21/06

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
Presid	Byron Burks	1401 Ninth St West Palm Beach, FL 33401	
Treas	Betty Dawson	1401 Ninth St	West Palm Beach, FL 33401
Sec	Betty Munnings	1401 Ninth St.	West Palm Beach, FL 33401

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/20/06 561-329-0740
Daytime Phone #

Theris