

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000004341

1. Entity Name
HIGH RIDGE NEIGHBORHOOD IMPROVEMENT
ASSOCIATION, INC.



Principal Place of Business
5611 N W 24TH AVENUE
MIAMI, FL 33142

Mailing Address
5611 N W 24TH AVENUE
MIAMI, FL 33142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11292004 REIN-NP

CR2E099 (6/04)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IVORY, NIKITA
5400 N W 22ND AVENUE
SUITE 701
MIAMI, FL 33142

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Nikita R. Ivory

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/29/04

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2005, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SLATER, MARY ☐ Delete
STREET ADDRESS 5611 N W 24TH AVENUE
CITY-ST-ZIP MIAMI, FL 33142

TITLE VD
NAME GRODSON, TOBY ☐ Delete
STREET ADDRESS 2375 NW 56TH STREET
CITY-ST-ZIP MIAMI, FL 33142

TITLE SD
NAME CARTER, IDELLA ☐ Delete
STREET ADDRESS 2407 N W 56TH STREET
CITY-ST-ZIP MIAMI, FL 33142

TITLE TD
NAME ANDERSON, ALBERTA ☐ Delete
STREET ADDRESS 5573 N W 24TH AVENUE
CITY-ST-ZIP MIAMI, FL 33142

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nikita R. Ivory

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/04

Date

Daytime Phone #

FILED
04 DEC -8 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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12/08/04--01025--014 **80.00