

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

06 APR 13 PM 4:09

DOCUMENT # N03000007154

1. Corporation Name

APALACHICOLA COMMUNITY DEVELOPMENT CORPORATION

2. Principal Office Address

150 Tenth Street

Suite, Apt. #, etc.

City & State

Apalachicola, Florida

Zip
32320

Country

FRANKLIN

3. Mailing Office Address

P. O. Box 237

Suite, Apt. #, etc.

City & State

Apalachicola, Florida

Zip
32329

Country

FRANKLIN

REINSTATEMENT

CR2E081 (12/05)

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

August 18, 2003

5. FEI Number

20-4565616

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$2.75 Additional Fee required
to obtain Certificate of Status

7. Name and Address of Current Registered Agent

Name

Shirley C. White

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

148 Avenue M

Suite, Apt. #, Etc.

City

Apalachicola, Florida

State

FL

Zip Code

32320

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

Shirley C. White

REGISTERED AGENT MUST SIGN

Date

4-12-06

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
P/D	Shirley C. White	148 Avenue M	Apalachicola/FL/32320
V/D	Robert L. Davis	214 Avenue K	Apalachicola/FL/32320
S/D	Temolyn W. Wintons	178 - 22nd Avenue	Apalachicola/FL/32320
T/D	Leonard D. Martin	183 - 12th Street	Apalachicola/FL/32320

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

Shirley C. White

Shirley C. White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-06

Date

850-653-8355

Daytime Phone #

4/14
20