

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 SEP 15 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000004613

1. Corporation Name

Congress For The New Urbanism-Florida, Inc.

2. Principal Office Address - No P.O. Box #

421 SW Camden Avenue

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip

34994

Country

3. Mailing Office Address

421 SW Camden Avenue

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip

34994

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/7/2004

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Diane Hodel

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

421 SW Camden Avenue

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34994



The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Diane Hodel

Date

9/02/08

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
C	Marcela Cambor	400 SW Camden Ave.	Stuart, FL 34994
VC	Jim Murley	220 SE Second Ave.	FL Lauderdale, FL 33301
T	James Moore	5426 Bay Center Dr., Suite 400	Tampa, FL 33609-3444
			344136532893
			10/01/08--01043--017 **420.0

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:

Marcela Cambor

Marcela Cambor, Chairman

09/02/08

772-221-4060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #