

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State

DIVISION OF CORPORATIONS

W07000059802

**FILED**

2007 DEC 17 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N04000005465

1. Corporation Name

INNER CITY CORPORATION

600112904046  
12/06/07--01050--014 \*\*192.50

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

5865 Ridgeway Center Pkwy

Suite, Apt. #, etc.

Suite 300

City & State

Memphis, TN

Zip

38120

Country

Shelby

3. Mailing Office Address

903 Whitehead Ave NE

Suite, Apt. #, etc.

City & State

Wilson, NC

Zip

27893

Country

Wilson

CR2E081 (1/07)

0507

4. Date Incorporated or Qualified  
To Do Business in Florida

5-28-2004

5. FEI Number

16-1699822

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lee Moore / Michael Harris atty at law

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

1555 Palm Beach Lakes Blvd

Suite, Apt. #, etc.

Suite 310

City

West Palm Beach

FL

State

Zip Code

33401

☒ 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

Lee Moore / Michael Harris

REGISTERED AGENT MUST SIGN

Date 12-4-2007

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
Exec. Dir.	Lee Moore	903 Whitehead Ave N.E.	Wilson, NC 27893
Sec.	Deborah Moore	903 Whitehead Ave NE	Wilson, NC 27893
Treas.	Walter L. Baggan	1443 Fullerton drive	Fairfield, CA. 94533

600113354628  
12/24/07--01004--004 \*\*61.25

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:

Lee Moore Lee Moore

12-4-2007

Date

252-237-8027

Daytime Phone #