

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 AUG 28 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N05000004409**

1. Corporation Name

Curry Taylor Neighborhood Improvement Association

**REINSTATEMENT**

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #  
4300 NW 12 Avenue

3. Mailing Office Address  
4300 NW 12 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami, Florida

City & State  
Miami, Florida

Zip Country  
33127 USA

Zip Country  
33127 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 4/25/2005

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
Geraldine K. Owens

Street Address (P.O. Box Number is Not Acceptable)  
961 Northwest 43 Street

Suite, Apt. #, Etc.

City State Zip Code  
Miami FL 33127

☐ 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.

900160079589  
08/28/09-01047-007 \*\*358.75

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

*Geraldine K. Owens*  
REGISTERED AGENT MUST SIGN

Date July 20, 2009

**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
Pres.	David Chiverton	PO Box 370036	Miami, Florida 33137
VP	Geraldine K. Owens	961 Northwest 43 Street	Miami, Florida 33127
Sec.	Sandi Forster	926 Northwest 45 Street	Miami, Florida 33127
Treas.	Patricia Newkirk	940 Northwest 43 Street	Miami, Florida 33127

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: *David Chiverton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 20, 2009 305-343-5666  
Date Daytime Phone #