

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N05000008763**

1. Corporation Name

**Project S.O.C.K. Community Development Corp.**

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

**6974 Wilson Blvd**

Suite, Apt. #, etc.

3. Mailing Office Address

**6974 Wilson Blvd**

Suite, Apt. #, etc.

City & State

**Jacksonville, Florida**

City & State

**Jacksonville, Florida**

Zip

**32210**

Country

**USA**

Zip

**32210**

Country

**USA**

7. Name and Address of Current Registered Agent

Name

**Price, Sharolyn W**

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

**10711 Lawsonia Links Dr**

Suite, Apt. #, Etc.

City

**Jacksonville**

State

**FL**

Zip Code

**32222**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of  
Registered Agent

*Sharolyn W Price*

REGISTERED AGENT MUST SIGN

Date

**7-2-09**

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	Mills, Genell M	1181 Emily's Walk Lane East	Jacksonville, Fl. 32221
VP	Johnson, Curtis L	7176 Matthew Street	Jacksonville, Fl. 32210
DIR	Price, Sharolyn	10711 Lawsonia Links Drive	Jacksonville, Fl. 32222
DIR	Jacob, Mary A	3441 Kingston Street	Jacksonville, Fl. 32254
DIR	Moore, Donny W	4322 Biddy Lane W...	Jacksonville, Fl. 32210

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 807 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:

*Genell M. Mills*

**7-2-9**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2009 JUL 10 PM 6:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800158367478  
07/10/09--01055--002 \*\*183.75

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

**August 25, 2005**

5. FEI Number  
**01-0842187**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.

G. Mached JUL 10 2009