


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 09 FEB -2 AM 9:06 B. 2/2/09 REINSTATEMENT 07-05	
DOCUMENT # <b>NU6000000520</b>					
1. Corporation Name <b>S + A Community Development Corporation</b>					
2. Principal Office Address - No P.O. Box # <b>34 Axie Smith Rd.</b>		3. Mailing Office Address <b>34 Axie Smith Rd.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Quincy, FL</b>		City & State <b>Quincy, FL</b>			
Zip <b>32352</b>	Country <b>Garden</b>	Zip <b>32352</b>	Country <b>Garden</b>		
4. Date Incorporated or Qualified To Do Business in Florida <b>1-19-2006</b>					
5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable					
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent Name <b>Steven Simpkins</b> Street Address (P.O. Box Number is Not Acceptable) <b>34 Axie Smith</b> Suite, Apt. #, Etc. City <b>Quincy FL</b> State <b>FL</b> Zip Code <b>32352</b>					
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 <b>Steven Simpkins</b> Date <b>02/02/09</b> <b>800142588288</b> 02/02/09--01006--002 **192.50 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		
P	Mary Perkins	2001 N.W. 191 St.	Miami Garden, FL		
D	Kristie Mosley	PO Box 176	Malone FL 32445		
D	Tyrene Scott	PO Box 703	Quincy FL 32352		
S	Minesha Carter	2425 Mission Rd Apt 1104	Tallahassee FL 32304		
P	Steven Simpkins	34 Axie Smith Rd	Quincy FL 32352		
VP	Alozzetta Simpkins	34 Axie Smith Rd	Quincy FL 32352		
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: <b>Steven Simpkins</b> Date <b>2-2-09</b> <b>880 363-8513</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					

D Elizabeth Scott 2001 NW 197 St Miami, FL 33056

O Vivian Mitchell P.O. Box 1661 Quincy, FL 32352