

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 DEC 30 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **706000000520**

1. Corporation Name

S & A Community Development Corporation

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

34 Axie Smith Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Quincy FL

City & State

Zip Country

32352

4. Date Incorporated or Qualified
To Do Business in Florida

1/19/06

5. FEI Number

20-4241070

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 **Steven Simpkins**

Street Address (P.O. Box Number is not acceptable)

34 Axie Smith Rd

Suite, Apt. #, etc.

City **Quincy**

State

FL

Zip Code

32352

REINSTATEMENT

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12/30/13--01003--002 **236.00

DEC 30 2013

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

Steven Simpkins

REGISTERED AGENT MUST SIGN

R. HUNT

Date

12/30/2013

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
PD	Steven Simpkins	34 Axie Smith Rd	Quincy FL 32352
VPD	Alonzetha Simpkins	34 Axie Smith Rd	Quincy FL 32352
ID	Mary Perkins	2001 N.W. 191 St	Miami Garden FL
D	Kristen Mosley	P.O. Box 176	Malone FL 32445
SD	Vivian Mitchell	65 Bailey Loop	Quincy FL 32352
D	Tyrone Scott	1244 Pt Milligan Rd	Quincy FL 32352

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Steven Simpkins PD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/2013

Daytime Phone #