

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 DEC -7 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09000005129

1. Corporation Name

FIRST COAST COALITION
COMMUNITY DEVELOPMENT CORP.

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

6804 Bogata Dr.

3. Mailing Office Address

635 E. 11th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32210

Country

USA

Zip

32206

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/2009

5. FEI Number

37-1584786

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

Dr. Benjamin Hamilton

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

635 E. 11th St

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32206

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

Dr. Benjamin Hamilton

Date 10/12/2010

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
Dir.	Levin Wilcox	6804 Bogata Dr.	Jacksonville / FL / 32210
Dir.	Willie Williams	1952 Collins Creek Dr	" " / " / 32258
Dir.	Malachi Beyah	635 E. 11th St	" " / FL " 32206

10. E-mail Address:

dochancebell@earthlink.net

(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., 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.

SIGNATURE:

Levin Wilcox President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/29/2010 (224) 994-8044

Daytime Phone #