

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 FEB 27 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **NO9000011328**

1. Corporation Name  
**PHILADELPHIA'S FOUNDATION FOR COMMUNITY CHANGE, INCORPORATED**

2. Principal Office Address - No P.O. Box # <b>840 W DUNN ST</b>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>TALLAHASSEE, FL</b>		City & State	
Zip <b>32304</b>	Country <b>USA</b>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <b>11/24 2009</b>	
5. FEI Number <b>27-1396348</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <b>\$8.75</b> Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
**JABARI PAUL**

Street Address (P.O. Box Number is Not Acceptable)  
**5784 LUMBERTACK LN**

Suite, Apt. #, Etc.

City  
**TALLAHASSEE**

State  
**FL**

Zip Code  
**32303**

**400257244084**  
02/27/14--01002--005 \*\*328.75

**400257244084**  
02/27/14--01002--006 \*\*91.25

**REINSTATEMENT**

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. **FEB 27 2014**

Signature of Registered Agent **Jabari Paul** Date **2/2/14 R. HUNT**

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
C	TERRY PRICE, SR	840 W DUNN ST	TALLAHASSEE, FL 32304
VC	JABARI PAUL	5784 LUMBERTACK LN	TALLAHASSEE, FL 32303
S	KENISE THOMPSON	1021 GRIFFIN ST	TALLAHASSEE, FL 32304
T	JACQUELINE HURCHINS	253 HIGHLAND ROAD	HAVANA, FL 32333
D	ALEXANDER, LORENZO	2606 POTSDAMER ST	TALLAHASSEE, FL 32310
D	CHERRY ALEXANDER	2602 POTSDAMER ST	TALLAHASSEE, FL 32310

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: **Jabari Paul** **2/2/14** **850-509-2535**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #