

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 20 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N21207*

**1. Corporation Name**

*North Greenwood Association, Inc*

**2. Principal Office Address**

*1201 Douglas Ave*

Suite, Apt. #, etc.

**3. Mailing Office Address**

*SAME AS Principal*

Suite, Apt. #, etc.

**City & State**

*Clearwater, FL*

**City & State**

**Zip**

*33755*

**Country**

*Pinellas*

**Zip**

*33755*

**Country**

**REINSTATEMENT** *01-03*

**4. Date Incorporated or Qualified  
To Do Business in Florida**

*06-18-1987*

**5. FEI Number**

*592841250*

**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**

*Jonathan R. Wade Sr.*

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

*908 PENNSYLVANIA Ave.*

**Suite, Apt. #, Etc.**

**City**

*Clearwater, FL*

**State**

*FL*

**Zip Code**

*33755*

**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**

*Jonathan R. Wade Sr.*

REGISTERED AGENT MUST SIGN

Date *02-18-03*

**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	Jonathan R. Wade Sr	908 Pennsylvania Ave	Clw / FL / 33755
V	Marlene D. Mitchell	905 N. Martin Luther King Jr. Ave	Clw FL 33755
T	Michelle Dublin	1619 N. Washington Ave	Clw FL 33755
D	Muhammad Abdur Rahim	1028 N. Madison Ave.	Clw FL 33755
D	Kimberly Nunn-Crawford	807 N. Myrtle Ave.	Clw. FL 33755

**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 under section 119.07(3)(i), 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:**

*Jonathan R. Wade Sr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*02-18-03* (727) *560-4382*

Daytime Phone #

CR2E081 (10/02)