

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30051

1. Corporation Name

HARVEST FLORIDA HOUSING FOUNDATION, INC.

Principal Place of Business

P.O. BOX 278
HOMESTEAD FL 33030

Mailing Address

P.O. BOX 278
HOMESTEAD FL 33030

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-02

REINSTATEMENT
Date Incorporated or Qualified
To Do Business in Florida

01/06/1989

5. FEI Number

65-0149303

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City & State
1	2	3	4
D	DELEON, ARTURO	25700 SW 212 AVE	HOMESTEAD FL
D	CHAMBER, WILLIAM	1221 NW 19TH STREET	HOMESTEAD FL
VPD	ZAMARIPPA, MARBELIA	1352 SE 1TH PL	HOMESTEAD FL 33035
p	ALGER, RICHARD	18001 SW 285TH STREET	HOMESTEAD FL 33030
D	JENSEN, ROBERT	1550 N KROME AVE	HOMESTEAD FL 33030
ST	CARRERA, EDMUND	29355 S FEDERAL HWY	HOMESTEAD FL 33030

8. Name and Address of Current Registered Agent

CARRERA, EDMUND
29355 S. FEDERAL HWY
HOMESTEAD FL 33030

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

500004794105-4

-01/24/02-01044-003

****175.00****175.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Edmund Carrera
REGISTERED AGENT MUST SIGN

Date

11/27/01

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Edmund Carrera Executive Director 11/27/01 305 247-0039