PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ACCEPTED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # N33281

1. Corporation Name
Northwest Community Development Corporation of West Palm Beach

2. Principal Office Address
638 6th Street
West Palm Beach, Fl 33401

Suite, Apt. #, etc.
N/A

City & State
West Palm Beach Fl. 33401

Zip: 33401 Country: USA

3. Mailing Office Address
638 6th Street

Suite, Apt. #, etc.
N/A

City & State
West Palm Beach, Fl

Zip: 33401 Country: USA

REINSTATEMENT 98-00

4. Date Incorporated or Qualified To Do Business In Florida: July 18th 1989

5. FEI Number: 65-0132483 ☐ 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

100003467821--8
-11/16/00--01081--001
*****10.00 *****8.75

Name: Tony R. McCray, Jr.

100003467821--8
-12/04/00--01006--003
****358.75 ****358.75

Street Address (P.O. Box Number is Not Acceptable): 638 6th Street

Suite, Apt. #, Etc.: N/A

City: West Palm Beach State: FL Zip Code: 33401

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: Tony R. McCray, Jr. Date: 11/15/00

REGISTERED AGENT MUST SIGN

CR2E081 (10/95)

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/D	Richard Scott	2927 Embassy Drive	West Palm Bch. 33401
V/D	David Gibson	4200 Community Drive #607	West Palm Bch, Fl. 33409
T/D	Stanley Richardson	20985 St. Andrews Blvd #26	Boca Raton, Fla. 33433
S/D	Ronald Hinkle	5336 Bosque Lane West Palm Bch 33417	WPB Fl. 33417

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: Ronald Hinkle 11-15-00 355-6120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #