

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 JUN -2 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46026

1. Corporation Name

Community Mission Inc.

**FILING CANCELLED
RETURNED CHECK**

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

520 NW 2nd Ave. #5

Suite, Apt. #, etc.

HALLANDALE FLA.

City & State

3. Mailing Office Address

520 NW 2nd Ave. #5

Suite, Apt. #, etc.

HALLANDALE FLA.

City & State

CR2E081 (11/10)

Zip

33009

Country

BROWARD

Zip

33009

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/1991

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALFRED COLEBROOK

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

6878 19th DRIVE SO.

Suite, Apt. #, etc.

LANTANA

City

State

FL

Zip Code

33462

800273530208
06/02/15--01002--008 **\$12.50

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

Alfred O. Colebrook
REGISTERED AGENT MUST SIGN

Date

5/18/15

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/T | GAIL VICTOR | 5572 SW 18th ST. | W. PARK, FLA. 33023 |
| S | JEAN VICTOR | 5572 SW 18th ST. | W. PARK, FLA 33023 |
| D | CLAUDIA VICTOR | 5572 SW 18th ST. | W. PARK, FLA 33023 |
| D | MONICA CARSWELL | 5570 SW 18th ST. | W. PARK, FLA. 33023 |
| D | EDNA BROWN | 2300 NW 8th Bldg 33903 | Jt Lauderdale, FLA 33311 |

10. E-mail Address: g.victor1152@gmail.com
(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:

Gail Victor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/15 (254) 793-2714
Date Daytime Phone #