

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N47889

1. Corporation Name

COMMUNITY RECONSTRUCTION INSTITUTE, INC.

Principal Place of Business

Mailing Address

6299 W SUNRISE BLVD
SUITE 200
SUNRISE FL 33313

6299 W SUNRISE BLVD
SUITE 200
FORT LAUDERDALE FL 33313
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/16/1992

5. FEI Number

65-0470377

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	GUICE, MATHES	4108 INVERRARY BLVD	LAUDERHILL FL 33319
D	MACK, HENRY	6590 SW 13TH STREET	PLANTATION FL 33317
STD	HALL, SONIA	3800 W. BROWARD BLVD	FT. LAUDERDALE FL 33312

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GUICE, MATHES
4108 INVERRARY BLVD 40-B
PLANTATION FL 33319

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Mathes-Guice

REGISTERED AGENT MUST SIGN

Date 11/15/00

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:

Mathes-Guice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/15/00 954 791 8893

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FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA



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