PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM PAGE 10/2

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

**DIVISION OF CORPORATIONS** 

DOCUMENT #

N51349

1. Corporation Name

SAINT JAMES SOCIAL & ECONOMIC DEVELOPMENT INC.

Principal Place of Business

Mailing Address

1845 NW 65TH STREET MIAMI FL 33147

SIGNATURE:

1845 NW 65TH STREET MIAMI FL 33147 FILED

O3 NOV -7 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Daytime Phone #

If above	addresses are incorrect in any way, line t	nrough incorrect	information and ent	er correction below.			
			New Mailing Office Address, If Applicable te, Apt. #, etc.		Date Incorporated or Qualified     To Do Business in Florida     10/19/1992		
Suite, Apt. #, etc. Suite							Applied For
City & State Ci			City & State		<b></b>	, applied i oi	
Zip Country Zip			Country		6. CERTIFICATE OF STATUS DESIRED of tor a Certificate of Status		
7. Names	and Street Addresses of Each Officer and	d/or Director (FI	lorida nonprofit corpe	orations must list at l	east 3 directors)		
Title(s)	Name of Officers and/or Directors 3			Street Address of Each Officer and/or Director		City / State / Zip	
/OP	DAVIS, JAMES H 17325 NW 18TH			TH AVE	CAROL CITY FL 33056		
DS	BENDROSS, DENISE	8650 SW 133F	8650 SW 133RD AVE/RD		MIAMI FL 33183		
DT	SPARKS, LOUIS	1140 NW 76TH ST			MIAMI FL 33150		
		YSTA	EWEN	1 03	10/22	(00240099; 103001 *	*51.2g
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent		
POITIER, MARIE W REV. 3131 NW 57TH STREET MIAMI FL 33142				Name  AMS  AVIS  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State  State  Zip Code  R 31 47			
10. I, bein	g appointed the registered agent of the ab	ove named corp	poration, am familiar	with and accept the	obligations of Secti		F.S.
Signature e Registered	Agent X Tun \ N.	Due NEGISTERED A	GENT MUST SIGN			Date 10/17/83	
	that I am an officer or director or the receststatement application, the reason for disc						

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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Saint James Social & Economical Development Inc Inc, / Document #N51349 Willie J. Jones 2261 NW 58th Street Miami, Florida 33142



Friday, October 17, 2003

Department Of State
Division Of Corporations
PO BOX 6327
Tallahassee, Florida 32314
Reinstatement

Dear Sr. /Madam

In reviewing the web site it was brought to my attention that our corporation was inactive for administration dissolution for annual report. Please note that we have never receive a notice concerning a renewal of a ubr. Enclose in this letter you will find the necessary document and fees to re- activate our corporation. We appreciated your full understanding in make your decision in granting our renewal status. Our name is Saint James Social & Economical Development Inc., / Document # N51349. Please note that we have been through office reorganization and through that transition we did not receive a notice concerning a renewal of a ubr. We humble submit ourselves to your mercy and request that you waive all reinstatement fees and enclosed in this letter you will find and check in the amount of \$70.00 which we hope that will be necessary to reactivate our cooperation. PLEASE NOTE THAT WE NEED YOUR UNDERSTANDING AS WELL AS YOUR HELP. We appreciated your full understanding in making your decision in granting our renewal status. We thank you in advances for your cooperation and consideration. We realize that ignorance is not an excuse, but our office was not in operation it was closed.

Willie J Jones