

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JAN -9 PM 12: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N9300000 8210*

1. Corporation Name

*Reverend Samuel Delewa  
Park Civic Association, Inc.*

2. Principal Office Address

*2520 N.W. 6 St*

Suite, Apt. #, etc.

*Fort Lauderdale Fla*

City & State

Zip *33311*

Country

*Broward*

3. Mailing Office Address

*3498 N.W. 2 St.*

Suite, Apt. #, etc.

City & State

*Fort Lauderdale Florida*

Zip *33311*

Country

*Broward*

REINSTATEMENT  
CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

*May 14, 1993*

5. FEI Number

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

Name

*Mary E. Grant*

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

*3498 N.W. 2 St.*

Suite, Apt. #, Etc.

City

*Fort Laud. Fla.*

State

*FL*

Zip Code

*33311*

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

*Mary E. Grant*

REGISTERED AGENT MUST SIGN

Date *10-14-2005*

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

| Titles            | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip         |
|-------------------|--------------------------------------|---|----------------------------|
| <i>President</i>  | <i>Mary E. Grant</i>                 | <i>3498 N.W. 2 St.</i>                            | <i>St. Laud. Fla 33311</i> |
| <i>Treasurer</i>  | <i>Wilby B. Thomas</i>               | <i>435 N.W. 13th Ave</i>                          | <i>St. Laud. Fla 33311</i> |
| <i>Corporator</i> | <i>Lois S. Delewa</i>                | <i>1733 S.W. 5 St.</i>                            | <i>St. Laud Fla 33312</i>  |
| <i>Secretary</i>  | <i>Matthea Merritt</i>               | <i>2816 N.W. 7 St.</i>                            | <i>Ft. Laud Fla. 33311</i> |
|                   |                                      |   |                            |
|                   |                                      |   |                            |

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:

*Wilby B. Thomas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10-14-2005 954-731-5768*

Date

Daytime Phone #