

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV -7 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400001882

1. Corporation Name

THE ABYSSINIAN COMMUNITY DEVELOPMENT
CORPORATION

REINSTATEMENT 03

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

820 NW 2nd Avenue

Pompano Beach, FL

33060

U.S.A.

800024505518
11/07/03--01027--033 **61.25

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

105-0490760

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

WINSTON W. RUDOLPH, SR.

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

820 NW 2nd Avenue

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33060

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/03/03

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 |
|----------|--------------------------------------|---|-------------------------|
| Pres. | WINSTON W. RUDOLPH, SR. | 820 NW 2nd Avenue | Pompano Beach, FL 33060 |
| V. Pres. | KOTELIA FLOYD-WALKER | 820 NW 2nd Avenue | Pompano Beach, FL 33060 |
| Director | EDWIN HAMILTON | 820 NW 2nd Avenue | Pompano Beach, FL 33060 |
| Director | Jerome Harris | 820 NW 2nd Avenue | Pompano Beach, FL 33060 |
| Director | Joyce Romeo | 820 NW 2nd Avenue | Pompano Beach, FL 33060 |
| Director | Minnie Campbell | 820 NW 2nd Avenue | Pompano Beach, FL 33060 |

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/03/03

Date

954-786-1822

Daytime Phone #

CR2E081 (10/02)

THE ABYSSINIAN COMMUNITY DEVELOPMENT CORPORATION

WINSTON W. RUDOLPH
President / CEO

November 3, 2003

Department of State
Division of Corporations
P O Box 6327
Tallahassee FL 32317


Dear Sir or Madam:

Enclosed please find a check for \$61.25 and the application for reinstatement to active status for The Abyssinian Community Development Corporation. I am also respectfully requesting waiver of the reinstatement fee of \$236.25.

I am requesting the waiver because we never received the documents that should have been filed for 2003. Any assistance you can give to help us resolve this matter is greatly appreciated.

Thank you for your assistance.

Sincerely,


Winston W. Rudolph