

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 27 PM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001172

1. Corporation Name

Project Impact of South Dade, Inc

2. Principal Office Address

1238 N.W. 9th AVE

Suite, Apt. #, etc.

3. Mailing Office Address

1238 N.W. 9th AVE

Suite, Apt. #, etc.

City & State

Florida City FL

Zip

33034

Country

US

City & State

Florida City FL

Zip

33034

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

3-13-95

5. FEI Number

65-0575160

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

Francis, Leon

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

100 N.E. 15th St. #204

Suite, Apt. #, Etc.

#204

City

Homestead

State

FL

Zip Code

33030

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

Leon Francis

Date

8/25/04

REGISTERED AGENT MUST SIGN

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
<u>PD</u>	<u>Ron L. Harris</u>	<u>18885 S.W. 296 St.</u>	<u>Homestead FL 33030</u>
<u>VD</u>	<u>Cherrie Adderly</u>	<u>15001 S.W. 296 St</u>	<u>Leisure City FL 33032</u>
<u>D</u>	<u>Christine Lutan</u>	<u>735 N.W. 9th AVE</u>	<u>Florida City FL 33034</u>

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:

Ron L. Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/04 305247-8200

Date

Daytime Phone #

CR2E081 (C1/04)