

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC -6 AM 8:36

DOCUMENT # N95000001311

1. Corporation Name

PAUL A. DIGGS NEIGHBORHOOD, INC.

Principal Place of Business

Mailing Address

1929 PROVIDENCE RD.
LAKELAND FL 33805

1929 PROVIDENCE RD.
LAKELAND FL 33805



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

REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3297433

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	ROBINSON, LORENZO SR	1929 PROVIDENCE RD.	LAKELAND FL 33805
DS	TRUEDELL, THELMA	1420 N FL AVE. #117	LAKELAND FL 33805
TR	OLGETREE, MILLIE	644 W VALENCIA ST	LAKELAND FL 33805

800004733728--4
-12/29/01-01024-001
****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBINSON, LORENZO SR
1929 PROVIDENCE RD.
LAKELAND FL 33805

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Lorenzo Robinson Sr.
REGISTERED AGENT MUST SIGN

Date

11-29-01

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:

Lorenzo Robinson Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-29-01



STELLA DIAMOND
PRESIDENT, BOARD OF DIRECTORS

Florida Rural Legal Services, Inc.

963 EAST MEMORIAL BLVD. P.O. BOX 24688 LAKELAND, FL 33802
TEL: 863-688-7376 FAX: 863-683-7969
CLIENT USE ONLY: 1-800-277-7680

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ADMINISTRATIVE OFFICE:
963 EAST MEMORIAL BLVD.
LAKELAND, FLORIDA 33801
TELEPHONE: 863-688-7376
FAX: 863-683-7969
TOLL FREE: 800-277-7680

DONALD ISAAC
EXECUTIVE DIRECTOR

December 4, 2001

Department of State
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement of Paul A. Diggs Neighborhood, Inc.

Dear Sir/Madame:

Enclosed please find a check in the amount of \$236.25 along with a application for reinstatement of the Paul A. Diggs Neighborhood, Inc.

If you have any questions or need further information, please don't hesitate to contact me.

Sincerely,

DON ISAAC
ATTORNEY AT LAW

DI/mni

Enclosures