

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
 DIVISION OF CORPORATIONS

DOCUMENT # N95000002695

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1. Corporation Name

COMMUNITY IMPROVEMENT ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

4407 HARVE WAY
 PENSACOLA FL 32505

4407 HARVE WAY
 PENSACOLA FL 32505

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/09/1995

5. FEI Number

59-3331733

Applied For

Not Applicable

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
P	YOMO, RONALD D Gregory V CLARK SR	903 LUCERNE AVE 4505 LUCERNE WAY	PENSACOLA FL 32505
S	YOMO, LISA Betty Robinson	903 LUCERNE AVE 915 MONTCLAIR Rd.	PENSACOLA FL 32505
TS	BURKETT, RACHEL	4407 HARVE WAY	PENSACOLA FL 32505
BM	JACQUEZ, DELL FRANCES Lundquist	4517 ST. NAZAIRE 4412 DEANVILLE WAY	PENSACOLA FL 32505
BM	BURKETT, ROBERT Renee WALKER	4407 HARVE WAY 4530 GUERLAIN WAY	PENSACOLA FL 32505
BM	SCOTT, ELDORA YVONNE JONES	4500 HARVE WAY 4516 CHARMOTTE WY.	PENSACOLA FL 32505

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BURKETT, RACHEL 4407 HARVE WAY PENSACOLA FL 32505	Name Street Address (P.O. Box Number is Not Applicable) Suite, Apt. #, Etc. City State Zip Code	800003447608--7 -11/01/00--01104--009 *****70.00 *****70.00 FL
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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

Rachel Burkett

Date 10-17-00

REGISTERED AGENT MUST SIGN

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:

Rachel Burkett
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

800003447608--7

-11/01/00--01104--010

****166.25 ****166.25

Date

Daytime Phone #

CR2E040 (8/00)

MONTCLAIR COMMUNITY IMPROVEMENT ASSOCIATION
OFFICER'S & BOARD MEMBERS 2000 - 2002
59-3331733

PRESIDENT

GREGORY V. CLARKE, SR.

434-9708

4505. GUERLAIN. WAY

V-PRESIDENT

SECRETARY

BETTY. ROBINSON

438-4786

915. MONTCLAIR. ROAD

TREASURER

RACHAEL. BURKETT

432-6577

4407. HAYRE. WAY

BOARD
CHAIRMAN

FRANCES. LUNDQUIST

433-6248

4412. DEAUVILLE. WAY

RENEE. WALKER

433-4538

4530. GUERLAIN. WAY

YVONNE. JONES

438-5831

4516. CHARMOTTE. WAY

SANDRA. SMALLS

438-3310

924. MONTCLAIR. ROAD

ZELMA. BLOCTON

429-7318

4520. GUERLAIN. WAY