

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 30 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000003426

1. Corporation Name

INTERLINK COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

5858 SW 68 STREET
SOUTH MIAMI FL 33143
US

Mailing Address

P O BOX 430105
MIAMI FL 33243-0105
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
115 MADEIRA STREET
City & State
CORAL GABLES, FL
Zip
33134
Country
U.S.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
SAME AS ABOVE
City & State
Zip
Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/1996

5. FEI Number

31-1470064

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	CODRINGTON, SIMON JR.	6620 S.W. 63 AVENUE	SOUTH MIAMI FL 33143
DVP	VALENTINE, LEON	6251 S.W. 63 AVENUE	SOUTH MIAMI FL 33143
DT	GIBSON, JOSEPH	6221 SW 63RD CT	MIAMI FL 33143
DS	WHITEHEAD, JOHN III	5980 S.W. 63 COURT	MIAMI FL 33143
DVP	EGUES, RALPH JR	5751 S.W. 63 COURT	MIAMI FL 33143

8. Name and Address of Current Registered Agent

WASHINGTON, LYNN C
701 BRICKELL AVE., STE. 3000
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

JOSEPH M. RODRIGUEZ

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

1835 WEST FLAGLER STREET.

Suite, Apt. #, Etc.

SUITE # 200

City

MIAMI, FL

State

FL

Zip Code

33135

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

Joseph M. Rodriguez
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/9/99

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)(b), 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:

Simon P. Codrington, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SIMON P. CODRINGTON, JR

12/9/99

Date

Daytime Phone #

CR2E040 (8/99)