

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 17 PM 12:00

DOCUMENT # N96000003641

1. Corporation Name

Community Alliance Development Corp.

2. Principal Office Address

1415 N. Myrtle Ave.
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2307
Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32209

Country

U.S.A.

Zip

32203

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

07/08/98

5. FEI Number

59-3462902

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

Lee E. Harris

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

1319 N. Myrtle Ave.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32209

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

Lee E. Harris

REGISTERED AGENT MUST SIGN

Date 3/17/03

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
Ch.	Harris, Lee E.	1319 N. Myrtle Ave.	Jacksonville, FL 32209
D	Tenkins, Jimmie (Ph.D.)	1658 Kings Road	Jacksonville, FL 32209
D	Roosevelt Paige	2666 Shannon St.	Orange Park, FL 32065
D	Nesbitt, Samuel P. (Bishop)	1241 W. 9th St.	Jacksonville, FL 32209
D	Williamson, Bey, Hallie	903 W. Union St.	Jacksonville, FL 32209
D	Morgan, Jackie	1336 N. Myrtle Ave.	Jacksonville, FL 32209

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:

Lee E. Harris Lee E. Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/17/03 (904) 355-0065
Daytime Phone #

CR2E081 (10/02)