

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

01 JAN 29 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000004818

1. Corporation Name

COMMUNITY PREVENTION & DEVELOPMENT CENTER, INC.

Principal Place of Business

Mailing Address

305 PATTY LYNN DRIVE  
TALLAHASSEE FL 32310

P.O. BOX 5361  
TALLAHASSEE FL 32314-5361

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

REINSTATEMENT 00-01

4. Date Incorporated or Qualified  
To Do Business in Florida

09/17/1996

SP

5. FEI Number

59-3400156

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
PD	MARSHALL, SHAWN	827 RICHMOND ST., APT. E	TALLAHASSEE FL 32304
T	WARD, DOC	305 PATTY LYNN DRIVE	TALLAHASSEE FL 32310
SD	HOLMES, JEWEL W	1522 CROWN RIDGE ROAD	TALLAHASSEE FL 32310
D	SMITH, LATONYA	410 VICTORY GARDEN DR #113	TALLAHASSEE FL 32301
DVP	WARD, BERTHA W	305 PATTY LYNN DRIVE	TALLAHASSEE FL 32310
900003589679--5 -01/29/01--01047--023 *****297.50 *****297.50			

8. Name and Address of Current Registered Agent

WARD, BERTHA W  
305 PATTY LYNN DRIVE  
TALLAHASSEE FL 32310

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

900003589679--5

-01/29/01--01064--001

\*\*\*\*\*8.75 \*\*\*\*\*8.75

State  
FL

Zip Code

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 1/23/01

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/01  
Date

Daytime Phone #

CR2E040 (8/00)