

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 OCT 17 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005026

1. Corporation Name

Community Neighborhood helping

2. Principal Office Address

3106 Cormorant Rd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 480014

Suite, Apt. #, etc.

City & State

Delray Fl

Zip Country

33444 USA

City & State

Delray, Fla.

Zip Country

33444 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

651153763

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 07**

**7. Name and Address of Current Registered Agent**

Name

EDITH THOMPSON

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

11211 S. Military TR.

Suite, Apt. #, Etc.

5324

City

Bounton Bch

State

FL

Zip Code

33436

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

Edith Thompson

REGISTERED AGENT MUST SIGN

Date

10-10-07

**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
Pre	Lennard Josey Sr	505 Sunset Rd Bounton Bch Fl	33435
Sec	Pinny Laka	122 Andrew Ave	Delray Fl 33444
Tre	William McCallum	300 W Atlantic Ave	Delray, Fl 33444

10/18

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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:

Edith Thompson Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/07

Daytime Phone #

561-255-2668

CR2E061 (10/02)