

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
97 DEC -1 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005442

1. Corporation Name  
Naranja Princeton Community Development Corporation

Principal Place of Business Mailing Address  
13955 SW 264th St 16201 SW 95th Ave #303  
Miami, FL 33032 Miami, FL 33157

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  
24420 South Dixie Highway 150 SE Second Avenue  
Suite, Apt. #, etc. N/A 911

City & State Zip City & State Zip  
Princeton, Florida 33032 USA Miami, Florida 33131 USA

**REINSTATEMENT**  
4. Date Incorporated or Qualified To Do Business in Florida 10/21/1996  
5. FEI Number 31-1533092  
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 (Do NOT Use Post Office Box Numbers)	City & State Zip
P	Alfredo Alvarez	25520 SW 127th Ave	Naranja, FL 33082
V	Sallie Harris	26620 SW 138th Ave	Naranja, FL 33032
S	Paul Morrow	13495 SW 260th Street	Naranja, FL 33032
D	Diane Smith	26227 SW 139th Ct	Naranja, FL 33032
D	Joseph Taylor	26515 SW 138th Ave	Naranja, FL 33032
D	Dale Craner	26330 SW 131st Street	Princeton, FL 33032

8. Name and Address of Current Registered Agent

McKinnon, Charles  
150 SE 2nd Ave  
Suite 911  
Miami, FL 33131

9. Name and Address of New Registered Agent

Name N/A  
Street Address (P.O. Box Number, if applicable) 300002365288-0  
Suite, Apt. #, Etc. -12/04/97-01090-017  
City N/A  
State FL Zip Code 33032

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 C. J. McKinnon  
REGISTERED AGENT MUST SIGN

Date November 25, 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/25/97  
Daytime Phone # 305-258-3824

CP2E040 (7-2-95)