

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2009 JUL 21 P 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N96000005877**

**1. Corporation Name**

The Inner City Fund, Inc.

100158710141  
07/21/09--01007--007 \*\*490.00

CR2E081 (12/08)

**2. Principal Office Address - No P.O. Box #**  
911 Woodrow Wilson Street

**3. Mailing Office Address**  
117 W Alexander st

Suite, Apt. #, etc.  
Suite 21

Suite, Apt. #, etc.  
PMB 235

City & State  
Plant City, Fl

City & State  
Plant City, Fl

Zip Country  
33563 usa

Zip Country  
33566 usa

**4. Date Incorporated or Qualified  
To Do Business in Florida** 11/18/1006

**5. FEI Number**  
59-3415247

☐ 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  
Ronald Curci

Street Address (P.O. Box Number is Not Acceptable)  
2911 Sutton Oaks Court

Suite, Apt. #, Etc.

City  
Plant City

State Zip Code  
FL 33566

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

**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

Date 07/13/2009

REGISTERED AGENT MUST SIGN

**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
D	Ronlad L McDonald	4302 Middle Lake	Tampa Fl. 33615
D	Donna Curci	2911 Sutton Oaks Court	Plant City, Fl. 33566
D	Ronald Curci	2911 Sutton Oaks Court	Plant City, Fl. 33566

**REINSTATEMENT**  
05-09

**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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-09

Date

813-758-0043

Daytime Phone #