

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -7 PM 2:22

DOCUMENT # N97000001751

1. Corporation Name

Neighborhoods United, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000012871270
02/20/03--01051--007 **245.00

2. Principal Office Address

515 S. Maryland Ave
Suite, Apt. #, etc.

City & State
N/A

Plant City, Fl.

Zip
33563

Country
America

3. Mailing Office Address

515 S. Maryland Ave
Suite, Apt. #, etc.

City & State
N/A

Plant City, Fl.

Zip
33563

Country
America

REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida

April 28, 1998

5. FEI Number

59-3439157

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

Flossie M. Brooks

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

515 S. Maryland Ave.

Suite, Apt. #, Etc.

N/A

City

Plant City

000012871270

03/05/03--01071--001 **52.00

State
FL

Zip Code

33563

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

Flossie M. Brooks

REGISTERED AGENT MUST SIGN

Date

February 18, 2003

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
Ex. Dir	Flossie M. Brooks D	515 S. Maryland Ave.	Plant City, Fl 33563
Chair	Vera Spencer D	814 W. Madison St.	" " " "
Vs. Chair	Steve Wilson D	915 E. Warren St.	" " " "
Sec	Sharon Moody D	1902 Bond St.	" " " "
Trea.	Ella Jackson D	1612 Hughes Dr	" " " "
Pal.	Lela Agard D	1009 E. Laura St.	" " " "

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.

CK # 1863

SIGNATURE:

Flossie M. Brooks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 18, 2003

Date

Daytime Phone #

CR2E081 (10/02)