

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# 192

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *N97000002157*

1. Corporation Name

*ONE ACCORD COMMUNITY DEVELOPMENT, Inc.*

REINSTATEMENT *02-04*

2. Principal Office Address

*3362 N.W. 151 TERRACE*

Suite, Apt. #, etc.

3. Mailing Office Address

*3362 N.W. 151 TERRACE*

Suite, Apt. #, etc.

City & State

*OPA-LOCKA, FL 33054*

Zip

*33054*

Country

*U.S.A*

City & State

*OPA-LOCKA, FL. 33054*

Zip

*33054*

Country

*U.S.A*

4. Date Incorporated or Qualified  
To Do Business in Florida

*4/16/1997*

5. FBI Number

*650150643*

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

*ERNEST L. COBBES*

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

*3362 N.W. 151 TERRACE*

Suite, Apt. #, Etc.

City

*OPA-LOCKA, FL.*

State  
*FL*

Zip Code

*33054*

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

*Ernest L. Cobbes*

Date

*3/26/04*

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
<i>P/D</i>	<i>ERNEST L. COBBES</i>	<i>3362 N.W. 151 TERRACE</i>	<i>OPA-LOCKA, FLA. 33054</i>
<i>V/D</i>	<i>ELLA WASHINGTON - COBBES</i>	<i>3362 N.W. 151 TERRACE</i>	<i>OPA-LOCKA, FLA 33054</i>
<i>3/P</i> <i>D</i>	<i>CHANDRA C. BURKS</i>	<i>13875 N.W. 26 AVE.</i>	<i>OPA-LOCKA, FLA. 33054</i>

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)(f), 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:

*Ernest L. Cobbes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/26/04*

Date

*(305) 687-1050 EXT*

Daytime Phone #

CR2E01 (01/04)

*TR*



**NE ACCORD**

"Bringing Churches, Families, Schools, Communities, and Civic Authorities Into One Accord."

3362 N.W. 151st Terrace • Opa-Locka, FL 33055

B 2 of 2

March 24, 2004

Florida Department of State  
Division of Corporations  
Tallahassee, Florida

Re: Request for late fee waiver

To whom it may concern:

I am requesting a late fee waiver for Once Accord Community Development, Inc., because I did not receive for some reason unknown to me the 2002 annual corporate report forms. Therefore, please grant this company this request appeal for late fee waiver.

Thank you in advance for your favorable considerations

Respectfully yours,

Ernest L. Cobbs, Chief Executive Officer

Ewc/elc