

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG 15 AM 4:43

DOCUMENT # N97000003399

1. ST. PAUL COMMUNITY DEVELOPMENT Corporation

2. Principal Office Address

600 Jackson St.

Suite, Apt. #, etc.

City & State

Lake Helen, FL

Zip

32744

Country

Volusia

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

same

Zip

Same

Country

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

10-14-96

5. FEI Number

59-3425300

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

Keith Smith

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

840 W. Kicklighter Rd

Suite, Apt. #, Etc.

City

Lake Helen

State

FL

Zip Code

32744

900004560889-1

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****297.50 ****297.50

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

Keith Smith

Date 6/20/01

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
TD	William L. Bradley Sr.	602 W. Euclid Av.	DeLand, FL 32720
D	Alzada Fowler	492 Jackson St.	Lake Helen, FL 32744
D	Martine Edwards	334 W. Ohio Av	Lake Helen, FL 32744

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:

William L. Bradley William L. Bradley

Date

6/20/01

Daytime Phone #

(386) 731-2605