

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL 14 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 97000003399

1. Corporation Name

SAINT PAUL COMMUNITY DEVELOPMENT CORPORATION

REINSTATEMENT 03-05

2. Principal Office Address

600 JACKSON STREET

Suite, Apt. #, etc.

City & State

LAKE HELEN, FLORIDA

Zip

32744

Country

VOLUSIA

3. Mailing Office Address

600 JACKSON STREET

Suite, Apt. #, etc.

City & State

LAKE HELEN, FLORIDA

Zip

32744

Country

VOLUSIA

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/12/1997

5. FEI Number

59-3452900

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 ROAD

Suite, Apt. #, Etc.

City

LAKE HELEN

State

FL

Zip Code

32744

900057455279
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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

REGISTERED AGENT MUST SIGN

Date

7-10-05

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 BRADLEY, SR.	602 WEST EUCLID AVE	DELAND, FL 32720
D	MARTINE EDWARDS	334 W OHIO AVENUE	LAKE HELEN, FL 32744
D	ALZADA FLOWER	492 JACKSON STREET	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:

Keith Smith

KEITH SMITH

Date

7-10-05

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)