PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | | | | | - | | | | |
|---|--------------------------------------|---|---|-------|-------------------------|--|--|-------------------|-----|--|
| | PORATION STATEMENT | Se | EPARTI ecretary on of co | of St | | | | TLED 27 PM 12: | 17 | |
| DOCUMENT # N9700006058 1. Corporation Name | | | | | | JEORGY ANY OF STATE TALLAHASSEE, FLORIDA | | | | |
| Community Uplift Progressive Development Corporation | | | | | | 800112601088 11/27/0701024012 **358,75 | | | | |
| | | | Office Address . Martin Luther King, Jr. Blvd. | | | T REINS | STATEM | ENT, 05 | -07 | |
| Suite, Apt. #, etc. Suite, Apt. # | | | etc. | | | 4. Date Incorporated or Qualified To Do Business in Florida 10/27/97 | | | | |
| City & State Daytona Beach, FL City & State Dayto | | | na Beach, FL | | | . | 59-3516862 Applied For Not Applicable | | | |
| ^{Zip} 32114 | 4 Country | ^{Zip} 32114 | Country | | | 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status | | | | |
| | 7. Name and Address of | Current Registe | red Agent | | | | | | | |
| Ernest F. Sheffield | | | | | | 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. | | | | |
| 543 Dr. Martin Luther King, Jr. Blvd. | | | | | | | | | | |
| Suite, Apt. #, Etc. | | | | | | | | | | |
| Daytona Beach, FL State FL 32114 | | | | | | | | | | |
| 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 Einest 2 Shefield Date 11-19-07 | | | | | | | | | | |
| REGISTERED AGENT MUST SIEN | | | | | | | | | | |
| 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 | | | |
| CEO | Ernest F. Sheffield | 543 S. Dr. Martin Luther King Jr. Blvd | | | | Daytona | Beach, F | L 32114 | | |
| ACEO | Robert Sheffield | 543 S. Dr. Martin Luther King Jr. Blvd. | | | | Daytona | | | | |
| Т | Freeman Hinson | 1135 Edith Dr. | | | Daytona Beach, FL 32117 | | | | | |
| Τ | Steve Brown | 543 S. Dr. Martin Luther King Jr. Blvd. | | | Daytona Beach, FL 32114 | | | | | |
| Т | Dorothy Thomas | 355 S. Dr. Martin Luther King Jr. Blvd. | | | | Daytona Beach, FL 32114 | | | | |
| Т | Nathaniel Brazil | 1163 Margina Ave. | | | | Daytona Beach, FL 32114 | | | | |
| 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. | | | | | | | | | | |
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