

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 DEC 31 AM 7:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

N9700006058

Community Uplift Progressive Development Corporation

REINSTATEMENT 01-02

600009769306  
12/31/02--01057--010 \*\*297.50

2. Principal Office Address

543 S. Dr. Martin Luther King Blvd.

Suite, Apt. #, etc.

City & State

Daytona Beach, Florida

Zip

32114

Country

US

3. Mailing Office Address

543 S. Dr. Martin Luther King Blvd.

Suite, Apt. #, etc.

City & State

Daytona Beach, Florida

Zip

32114

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☒ 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

Ernest F. Sheffield

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

543 S. Dr. Martin Luther King Blvd.

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

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

Ernest F. Sheffield

REGISTERED AGENT MUST SIGN

Date 12/29/2002

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
CD	Ernest F. Sheffield	1160 Edith Drive	Daytona Beach, Florida 32114
VCD	Freeman Hinson	1135 Edith Drive	Daytona Beach, Florida 32114
TD	Dorothy Thomas	355 Dr. Martin Luther King Blvd.	Daytona Beach, Florida 32114
SD	Nathaniel Brazil	1163 Margina Avenue	Daytona Beach, Florida 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 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:

Ernest F. Sheffield

Ernest F. Sheffield

12/29/2002 (386) 255-8834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED01 (9/01)

21/3