

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

00 JAN -7 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000002227

1. Corporation Name

THE COMMUNITY EMPOWERMENT PROJECT, INC.

Principal Place of Business

Mailing Address

230 NORTH LAKELAND STREET  
ORLANDO FL 32805

230 NORTH LAKELAND STREET  
ORLANDO FL 32805

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

230 N. Lakeland Ave.

Suite, Apt. #, etc.

230 N. Lakeland Ave.

City & State

Orlando, FL

City & State

Orlando, FL 32805

Zip

32805

Country

Orange

Zip

32805

Country

Orange

4. Date Incorporated or Qualified  
To Do Business in Florida

04/20/1998

5. FEI Number

59-3504711

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	Betty Gelzer	825 W. Washington St.	Orlando, FL 32805
VPD	Roz Lewis	4626 Oak Haven Dr. #308	Orlando, FL 32839
SD	Sharicka Collins	809 Federal Street	Orlando, FL 32805
TD	Sheila Gelzer	815 Hills Alley	Orlando, FL 32805

REINSTATEMENT 99-00 TS

8. Name and Address of Current Registered Agent

GELZER, LAWANNA  
230 NORTH LAKELAND STREET Ave  
ORLANDO FL 32805

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

1/5/2000

11. 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)(b), 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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-01/10/00--01003--001

\*\*\*\*560.00 \*\*\*\*297.50

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/5/2000

(407) 841-4038

Daytime Phone #