

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

\$24500

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000002227

1. Corporation Name

THE COMMUNITY EMPOWERMENT PROJECT, INC.

Principal Place of Business

Mailing Address

1310 W. COLONIAL DRIVE
SUITE 19
ORLANDO FL 32804

230 N. LAKELAND AVENUE
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
7674 St Stephens CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Orlando, FL

Zip

Country

Zip
32835

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

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDCE	GELZER, BETTY	825 W. WASHINGTON ST.	ORLANDO FL 32805
CD	WILLIAMS, BEATRICE	811 HILLS STREET	ORLANDO FL 32805
VPD	HEWITT, DOTTIE	8408 DR LOVE ROAD	ORLANDO FL 32810
SD	COLLINS, SHARICKA	809 FEDERAL STREET	ORLANDO FL 32805
TD	BRITT, HELEN	1038 W. JEFFERSON APT. 14	ORLANDO FL 32805
PCEO	GELZER, LAWANNA	230 N. LAKELAND AVE.	ORLANDO FL 32805

8. Name and Address of Current Registered Agent

GELZER, LAWANNA
230 N. LAKELAND AVE.
ORLANDO FL 32805

9. Name and Address of New Registered Agent

Name
Lawanna Gelzer

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

7674 St. Stephens CT

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32805

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/15/03

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)(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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/03 (407) 999-9090

CR2E040 (7/03)