PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

N98000002304

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # N98000002304

1. Corporation Name

New Community Development Group, Inc.

2. Principal Office Address	3. Mailing Office Address
1405 W. 23rd St.	1405 W. 23rd St.
Suite, Apt. #, etc.: Ste. 1	Suite, Apt. #, etc.: Ste. 1
City & State: Riviera Beach, FL	City & State: Riviera Beach, FL
Zip: 33404 Country: Palm Beach	Zip: 33404 Country: Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida: 4/21/98

5. FEI Number: 65-0639778 ☐ 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: Ford, Matthew

Street Address (P.O. Box Number is Not Acceptable): 1405 W. 23rd

Suite, Apt. #, Etc.: Suite 1

City: Riviera Beach, FL. State: FL Zip Code: 33404

FF $297.50

REINSTATEMENT 2001-2002

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: Matthew Ford Date: 1-29-02

REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
Director	Hubbard, Lynne L.	1405 W. 23rd St. Ste. 1	Riviera Beach, FL 33404-4207
President/Director	Hubbard, Ulysses	1405 W. 23rd St. Ste. 1	Riviera Beach, FL 33404-4207
Vice President/Director	King, Donna Y. Pinder	1022 N.W. 6th Ave Boynton Beach, FL	Boynton Beach FL
Treasurer/Secretary	Ford, Matthew	1405 W. 23rd St. Ste. 1	Riviera Beach, FL 33404-4207

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: Lynne L. Hubbard / Lynne L. Hubbard Date: 561-685-3231 [redacted]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #