

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 19 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

N9800000 3415

Operation Housing & Community Development Inc.

2. Principal Office Address

6611 meritmoor cir

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32818

Country

USA

3. Mailing Office Address

P.O. Box 682185

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32868

Country

USA

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business In Florida

6/12/94

5. FEI Number

593133776

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

Edward Hainesworth

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

6611 meritmoor cir

Suite, Apt. #, Etc.

City

orlando

State

FL

Zip Code

32818

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

Edward Hainesworth
REGISTERED AGENT MUST SIGN

Date

11/12/03

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
P/D	Edward Hainesworth	6611 meritmoor cir	orlando/florida/32818
T/D	Levere Worrell	948 HAWTHORNE COVE CT	OCFEE FL 34761
S/D	Pat Knox	6611 MERITMOOR CIR	ORLANDO FL 32818

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: **EDWARD HAINESWORTH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/03 407-521-6159

Date

Daytime Phone #

CR2E081 (10/02)

I DID NOT Receive The Annual Report
for my COMPANY

Edward Hainesworth