

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

01 OCT 31 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000003452

1. Corporation Name

ROGER BABSON COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

1520 ROGER BABSON RD  
ORLANDO FL 32808

1520 ROGER BABSON RD  
ORLANDO FL 32808



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

4. Date Incorporated or Qualified  
To Do Business in Florida

06/09/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3518639

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	POLIDORE, SHIRLEY	1520 ROGER BABSON RD	ORLANDO FL 32808
VD	BUDHOO, JANICE	1520 ROGER BABSON RD	ORLANDO FL 32808
TD	WILKINS, DOROTHY	7228 SOMERSWORTH DRIVE	ORLANDO FL 32835
SD	WILLIAMS-BRYAN, NORTELLE J	1520 ROGER BABSON RD	ORLANDO FL 32808

300004693703-0

-11/26/01--01073--015

\*\*\*\*\*61.25 \*\*\*\*\*61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILKINS, J. EVER  
1520 ROGER BABSON RD  
ORLANDO FL 32808

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Date

10/29/01

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/01

407-299-5278

CRE040 (8/01)

October 29, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

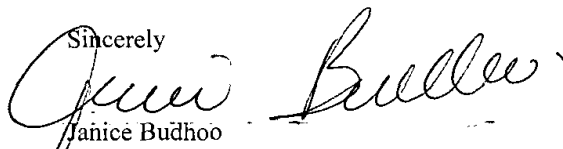
Dear Sirs:

**Re: Document # N98000003452**  
**Annual Report**

The Uniform Business Report was never forwarded to us in a timely manner and inadvertently, the filing of this report was overlooked as a result. We therefore, enclosed herein the UBR for the year 2000 along with the fee of \$61.25.

We apologize for this error and request the abatement of any associated penalties. We will ensure that there is no reoccurrence.  
Your consideration is appreciated.

Sincerely

  
Janice Budhoo  
Vice President