

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N98000003586

1. Corporation Name

SOUTH FLORIDA COMMUNITY-URBAN RESOURCES PARTNER
SHIP, INC.

Principal Place of Business

Mailing Address

USDA SERVICE CENTER
6191 ORANGE DRIVE, RM. 6183Q
DAVIE FL 33314

USDA SERVICE CENTER
6191 ORANGE DRIVE, RM. 6183Q
DAVIE FL 33314

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

2000

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/1998

5. FEI Number

06-1535626

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
D	DOUGLASS, KEITH	113 WILLIOW LANE	ISLAMORADA FL 33036
T	MARCHNER, RUSS	7480 FAIRWAY DR., #206	MIAMI LAKES FL 33014
V	MOCK, TERRY	1283 RANCHETTE ROAD	WEST PALM BEACH FL 33405
D	SIMPSON, GEORGE W	57443 GOODLEY ST.	MARATHON FL 33050
M	SETTI, RUSSELL M	6191 ORANGE DR., RM 6183Q	DAVIE FL 33314
S	CRAWLEY, PATRICIA	3600 COLLEGE AVE	DAVIE FL 33314

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SETTI, RUSSELL M
USDA SERVICE CENTER
6191 ORANGE DRIVE, RM. 6183Q
DAVIE FL 33314

Name

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

Suite, Apt. #, Etc.

City

3880003856539--7

-03/16/01--01096--013

***238.36.25

FL

Zip 33314

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

Russell M Setti
REGISTERED AGENT MUST SIGN

Date 1/10/2001

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

Russell M Setti

Date

Daytime Phone #

1/10/2001 (954) 792-1984

KE

CR2E040 (8/00)