

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -5 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000003653

1. Corporation Name

ST. LUCIE COMMUNITY DEVELOPMENT CORPORATION

REINSTATEMENT 03

500024457455
11/05/03--01059--019 **\$61.25

2. Principal Office Address
637 Ponytail Lane

Suite, Apt. #, etc.

City & State

Ft. Pierce, Florida

Zip
34982

Country
St. Lucie

3. Mailing Office Address
637 Ponytail Lane

Suite, Apt. #, etc.

City & State

Zip
34982

Country
St. Lucie

**4. Date Incorporated or Qualified
To Do Business in Florida** June 2000

5. FEI Number
65-1020342

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
Mrs. Harrison H. "Nina" Mosher

Street Address (P.O. Box Number is Not Acceptable)
637 Pony Tail Lane

Suite, Apt. #, Etc.

City
Ft. Pierce

State
FL

Zip Code
34982

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

Nina Mosher
REGISTERED AGENT MUST SIGN

Date
October 30, 2003

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
D.S.T.	Mrs. Harrison H. "Nina" Mosher	637 Ponytail Lane	Ft. Pierce, Florida 34982
D.P	Ivan Padilla	14020 SW 92 Avenue	Miami, Florida 33167
D	Paul Whitwam	4162 N. Jodhpur Court	Oviedo, Florida 32765

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: *Nina Mosher* Mrs. Harrison H. Mosher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/03 772-467-8732

Date

Daytime Phone #

CR2E081 (10/02)

Central Florida Non-Profit Housing, Inc

Nina Mosher, Secretary
637 Ponytail Lane
Ft. Pierce, Florida 34982
(772) 283-2489

October 29, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE: N98000003653

Dear Reviewer:

Request is made for exemption from the restatement fee arising from failure to timely file 2003. We did not receive either of the Uniform Business Reports packages which we learned to day by phone call to your office, was probably sent to our fromer Oviedo office address

As advised by phone we enclose our filing fee of \$61.25.

Very truly yours,



Nina Mosher
President