

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

01 SEP 28 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N980000006063**

1. Corporation Name

**District 93 Community Clean Up,
Inc.**

2. Principal Office Address

2329 NW 14 Street
Suite, Apt. #, etc.

3. Mailing Office Address

1740 NW 3rd Court
Suite, Apt. #, etc.

City & State

Fort Lauderdale, Fla

City & State

Fort Lauderdale

Zip

33311

Country

USA

Zip

33311

Country

USA

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

10-23-1998

5. FEI Number

☒ 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

Christopher L. Smith

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

1740 NW 3rd Court

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33311

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**

REGISTERED AGENT MUST SIGN

Date

7-21

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
Dr	Helen Hinton	2329 NW 14 Street Ft Lauderdale FL 33311	
Dr	Doscia Johnson	2329 NW 14 Street Ft Lauderdale FL 33311	
Dr	Kim Mcmillan	3400 NW 6 Court Ft Lauderdale FL 33311	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/01
Date

321-0194
Daytime Phone #

CR2E081 (9/00)

282

September 24, 2001

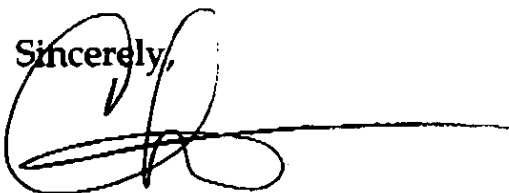
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir/Madam:

I am writing to let you know that *District 93 Community Clean-up, Inc.* did not receive the original Notice to Re-File.

Should you have any questions, please do not hesitate to contact me at (954) 762-3746.

Sincerely,

A handwritten signature in black ink, appearing to be 'Chris Smith', with a long horizontal line extending to the right.

Christopher L. Smith