

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N99000001023**

1. Corporation Name

**NEHEMIAH'S VICTORY COMMUNITY DEVELOPMENT CORPORATION**

Principal Place of Business

8400 NE SECOND AVE  
MIAMI FL 33138

Mailing Address

8400 NE SECOND AVE  
MIAMI FL 33138

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/15/1999

5. FEI Number

65-0915640

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	CURRY, VICTOR T	13230 NW 7 AVE	MIAMI FL 33156
D	DAWSEY, ANTHONY	8021 NE 7 AVE	MIAMI FL 33138
TD	STARKE, LEONARDO	3340 MCDONALD ST	MIAMI FL 33133

400024382044  
11/03/03--01074--001 \*\*61.25

8. Name and Address of Current Registered Agent

CURRY, VICTOR T  
13230 NW 7 AVE  
MIAMI FL 33156

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.29.03

Date

305.691.3464

Daytime Phone #

CR2E040 (7/03)



**Vision To Victory**  
Human Services Corporation

*"Preparing A Legacy"*

**NEHEMIAH'S VICTORY**

October 29, 2003

Department of State  
Divisions of Corporation  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314

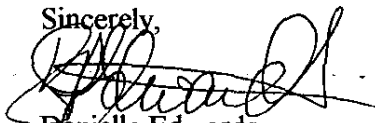
To Whom It May Concern:

Per a conversation that I shared with Ms. Barbara Mitchell on Wednesday, October 22<sup>nd</sup>, 2003 regarding not receiving the prior UBR notices; I was instructed to submit it writing stating such, along with the filing fee of \$61.25.

Inasmuch, please be advised that I, Danielle Edwards, never received any Uniform Business Report (UBR) notices from the Department of State regarding Nehemiah's Victory CDC and asked that any and all reinstatement fees be waived.

If you have any questions, comments or concerns regarding reinstating Nehemiah's Victory Community Development Corporation, I can be reached at 305.691.3464 x 5131. Thanking you in advance for your consideration in this matter.

Sincerely,

  
Danielle Edwards  
Grants Coordinator

enc.

cc: Barbara Mitchell