

APPLICATION FOR EINSTATEMENT



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

IS FORM.
APPROVED
AND
FILED

01 APR -3 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000001077

1. Corporation Name

THE DAVIS STREET COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

2335 N. DAVIS STREET
JACKSONVILLE FL 32209

2335 N. DAVIS STREET
JACKSONVILLE FL 32209



DECLARATION

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 02/18/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3607023	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
President	Walter H. Johnson	3841 Meek Dr. Jacksonville, FL	Jacksonville, FL 32211
Director	Sylvia M. Johnson	2335 N. Davis St.	Jacksonville, FL 32209
Director	Joyce Essex	2335 N. Davis St.	Jacksonville, FL 32209
Director	Dwayne Kohn	2335 N. Davis St.	Jacksonville, FL 32209
			700003958937--2
			-04/04/01 -01069--002 ****306.25 ****306.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent	
JOHNSON, WALTER H 6637 IOSA DRIVE JACKSONVILLE FL 32277	Name <u>Walter H. Johnson</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>3841 Meek Dr.</u>	
	Suite, Apt. #, Etc.	
	City <u>Jacksonville FL.</u>	State <u>FL</u> Zip Code <u>32277</u>

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

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 #