

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000001077

1. Corporation Name

The Davis Street Community Development Corporation

2. Principal Office Address - No P.O. Box #

2335 Davis Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32209

Country

USA

3. Mailing Office Address

2335 Davis Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32209

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

September 9, 2008

5. FEI Number

593607023

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

Elliott D. Chatman

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

2125 North Pearl Street

Suite, Apt. #, Etc.

City

Jacksonville,

State

FL

Zip Code

32206



The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature of Elliott D. Chatman]
REGISTERED AGENT MUST SIGN

Date

9/9/2008

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
P	Paul Newman	3017 Saturn Avenue	Jacksonville, FL 32209
VP	Elliott D. Chatman	2125 North Pearl Street	Jacksonville, FL 32206
S	Joseph Stephens	2125 North Pearl Street	Jacksonville, FL 32206
T	James Byrd	6330 Restlawn Drive	Jacksonville, FL 32209
	Steve Wilson, Jr. <i>9/9/15</i>	2335 Davis Street	Jacksonville, FL 32209

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 contained in Chapter 119, 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:

Elliott D. Chatman Vice President
[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/9/2008 (904) 422-2804

Daytime Phone #

FILED

08 SEP 15 PM 1:39

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-08

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