

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N99000001745

1. Corporation Name

NORTH GREENWOOD COMMUNITY FAMILY CENTER, INC.

Principal Place of Business

Mailing Address

1250 HOLT ST  
CLEARWATER FL 33755

1250 HOLT ST  
CLEARWATER FL 33755

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/19/1999

5. FEI Number 59-3732528

APPLIED FOR

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
DP	ABDUR-RAHIM, MUHAMMAD	1028 NORTH MADISON AVE.	CLEARWATER FL 33755
VD	JENKINS, WALLACE	200 SKYCREST AVE APT 147	CLEARWATER FL 33765
STD	TROTMAN, CELESTE	1417 ADMIRAL WOODSON LN	CLEARWATER FL 33755
			000004736140--7 -12/21/01--01027--018 ****175.00 ****175.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ABDUR-RAHIM, MUHAMMAD  
1028 NORTH MADISON AVE.  
CLEARWATER FL 33755

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.

Signature of  
Registered Agent

*Muhammad Abdur-Rahim*  
REGISTERED AGENT MUST SIGN

Date

12/19/01  
10/15/01

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:

*Muhammad Abdur-Rahim*  
Muhammad Abdur-Rahim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 7205