

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 16 PM 12:31

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # 1199000002887

1. Corporation Name

Carol City Community Center, Inc.

2. Principal Office Address

1 SE 3rd Ave, #2100

3. Mailing Office Address

same

Suite, Apt. #, etc.

2100

Suite, Apt. #, etc.

same

City & State

Miami, FL

City & State

same

Zip

33131

Country

USA

Zip

same

Country

same

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/99

5. FEI Number

650934754

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

ANTHONY BRUNSON

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

1 SE 3rd Ave,

900004706698--9

Suite, Apt. #, Etc.

#2100

12/05/01 01000-004

****236.25 ****236.25

City

MIAMI

State
FL

Zip Code
33131

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

Anthony Brunson

REGISTERED AGENT MUST SIGN

Date

11/8/01

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
Pres. Trea	Anthony Brunson ✓	One SE 3rd Ave, #2100	Miami, FL 33130
Dir	Thomas Williams ✓	(same as previous) #1450	(same as previous)
Dir	Thomasina Williams ✓	80 SW 8th Street, #1830	Miami, FL 33130
Dir	Albert Duffie	(same as previous)	
Dir	Dean Colson	(same as previous)	
Dir	Thomas Garvin	(same as previous)	

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

Date

Daytime Phone #

11/07/01 305 588 7133

CR25001 (9/00)