

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000002913

FILED  
Feb 10, 2006  
Secretary of State

**Entity Name:** PALMER COMMUNITY DEVELOPMENT, INC.

**Current Principal Place of Business:**

2340 NW 184TH STREET  
MIAMI, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

2340 NW 184TH STREET  
MIAMI, FL 33056

**New Mailing Address:**

FEI Number: 31-1660907      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

PALMER, CORA L  
2340 NW 184TH STREET  
MIAMI, FL 33056      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DR.CORA LEE PALMER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PALMER, CORA L  
Address: 2340 NW 184TH STREET  
City-St-Zip: MIAMI, FL 33056

Title: T ( ) Delete  
Name: FORD, ESTELLA  
Address: 9 BAHIA PLACE LOOP  
City-St-Zip: OCALA, FL 34472

Title: S ( ) Delete  
Name: WILLIAMS, MARVERNETTE  
Address: 15735 NW 19TH AVE  
City-St-Zip: OPA LOCKA, FL 33056

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PALMER CORA

P

02/10/2006

Electronic Signature of Signing Officer or Director

Date