

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP -4 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N99000002913*

1. Corporation Name

PALMER COMMUNITY DEVELOPMENT, INC.

2. Principal Office Address

2340 NW 18TH ST.

Suite, Apt. #, etc.

3. Mailing Office Address

2340 N.W. 18TH ST

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33056

Country

U.S.A

City & State

MIAMI, FLORIDA

Zip

33056

Country

U.S.A

**4. Date Incorporated or Qualified
To Do Business in Florida**

MAY 7TH 1999

5. FEI Number

31-1660907

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ **Additional Fee required**
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CORA LEE PALMER

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

2340 N.W. 18TH STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33056

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

Dr. Cora Lee Palmer

REGISTERED AGENT MUST SIGN

Date

9/2/03

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.	DR. CORA LEE PALMER	2340 N.W. 18 TH ST.	MIAMI, FL. 33056
SECTY.	MARVERNETTE WILLIAMS	15735 N.W. 19 TH AVE	OPALOCKA, FL. 33056
TREA.	ESTELLA FORD	9 BAHIA PLACE/DRP	OCALA, FL. 34472

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:

Dr. Cora Lee Palmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/03

Date

Daytime Phone #

305.694.5518

CR2E081 (10/02)