

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JUL 18 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# 149000003787

1. Corporation Name

Community Development, Economic Revitalization,
and Social Service Programs for Hialeah-
Seminola, Incorporated

2. Principal Office Address

780 W. 23rd Street

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33010

Country

Dade

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

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

June 21, 1999

5. FEI Number

65-0966174

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

Ethel Baker

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

780 W. 23rd Street

Suite, Apt. #, Etc.

City

Hialeah, FL

688884533936-7

-08/14/01--01040--024

****245.00 ****245.00

REINSTATEMENT

State

FL

Zip Code

33010

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

Ethel L. Baker 7-6-01

Date

REGISTERED AGENT MUST SIGN

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
PD	Ethel Baker	780 W. 23rd St.	Hialeah, FL 33010
TD	Jessie Harvin	20040 NW 13th Court	Miami, FL 33169
D	Edward Grace	6330 NW Miami Court	Miami, FL 33150
SD	Serena Kitchen	670 W. 24th Street	Hialeah, FL 33010
D	Melvin Rollins	5280 NW 181st Terrace	Carol City, FL 33055
D	Mary Harris	2205 W. 6th Lane	Hialeah, FL 33010

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:

Ethel L. Baker 7-6-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)