

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *1199000006228*

1. Corporation Name

*GENERAL FOREMAN COMMUNITY DEVELOPMENT
INC.*

2. Principal Office Address - No P.O. Box #

1720 NW 3RD COURT

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip

33311

Country

USA

3. Mailing Office Address

← SAME

Suite, Apt. #, etc.

City & State

← SAME

Zip

← SAME

Country

SAME

7. Name and Address of Current Registered Agent

Name

General Foreman

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

1720 NW 3RD COURT

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33311

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

General Foreman

Date

10/01/2008

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	<i>General Foreman Jr.</i>	<i>1720 NW 3RD CT.</i>	<i>FORT LAUDERDALE, FL 33311</i>
SD	<i>Carrie Foreman</i>	<i>1720 NW 3RD CT.</i>	<i>FORT LAUDERDALE, FL 33311</i>
TD	<i>Mamie Oliver</i>	<i>Po Box 327</i>	<i>Middleburg, FL 32068</i>

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 contained in Chapter 119, 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

General Foreman

Date

10/1/08

Daytime Phone #

FILED
08 OCT -8 PH 3:07
CLERK OF STATE
TALLAHASSEE, FLORIDA

600136743246
10/08/08--01026--002 **131.25

REINSTATEMENT *07-08*

CR2E081 (12/07)

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

10/11/1999

5. FEI Number

261329046

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

\$131.25