

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 24 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000118513**

1. Corporation Name

V.O.I.C.E. ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**201 N DOLLINS AVE
ORLANDO FL 32805**

**201 N DOLLINS AVE
ORLANDO FL 32805**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/14/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	THOMPSON, REV CHRISTINA R	131 N DOLLINS AVE	ORLANDO FL 32805

200008551042
10/23/02--01091--009 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THOMPSON, CHRISTINA R REV
201 N DOLLINS AVE
ORLANDO FL 32805

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/21/02

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/02

V.O.I.C.E. Community Development Corporation, Inc.

PO Box 681227
Orlando, FL 32618

Tel: 407-650-4931

Fax: 407-523-9487

October 21, 2002

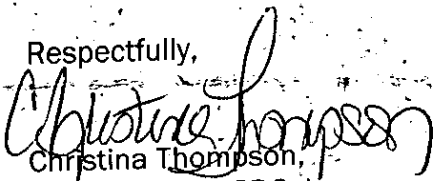
Florida Department Of State
Division Of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

V.O.I.C.E. CDC, Inc. is in receipt of Notice Of Administrative Dissolution of Active Corporate Status from your department. The notice further states that prior notices of intent were mailed indicating the Corporate annual report/uniform business report had not been submitted by the calendar year cut-off date of May 1.

V.O.I.C.E. CDC, Inc. has no record of receipt of either notice of delinquency of the UBR from the Department Of State Division of Corporation.

V.O.I.C.E. CDC, Inc. is hereby notifying Department of State of intent to file for reinstatement based upon the above mentioned failure to receive notification and requests waiver of any applicable reinstatement fee as stated. This letter accompanies the application for reinstatement of status and appropriate filing fees.

Respectfully,


Christina Thompson,
CEO, V.O.I.C.E. CDC, Inc.
CT/pll



Dedicated to the Emancipation, Education & Empowerment of the Community