PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION -**FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P02000004508 DOCUMENT

1. Corporation Name

COMMUNITY FUND OF NORTH MIAMI-DADE, INC.

Principal Place of Business

Mailing Address

C/O OPA-LOCKA CDC 490 OPA-LOCKA BLVD., STE. 20 OPA-LOCKA FL 33054

C/O OPA-LOCKA CDC 490 OPA-LOCKA BLVD., STE. 20 OPA-LOCKA FL 33054

FILED

03 OCT 27 PH 12: 05

SECRLIARY OF STATE TALLAHASSEE FLORIDA



REINICTATE MENIT

If above address	es are incorrect in any way, line	through incorrect info	rmation and enter correction below.		<u> </u>	
New Principal Office Address, If Applicable		New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 01/14/2002		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		טון דון ט		
	-			5. FEI Number	Applied For	
City & State		City & State		41-2025826	Not Applicable	
				6.	75	
Zip	Country	Zip	Country		3.75 Additional Fee required for a Certificate of Status	
7. Names and Str	eet Addresses of Each Officer ar	d/or Director (Florida	a nonprofit corporations must list at le	east 3 directors)		

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DAVE PEMBERTON	2520 NW 156 STREET	OPA-LOCKA, FL 33054
VP	WILLIE LOGAN	490 OPA-LOCKA BEVD, STE 20	OPA-LOCKA, FL 33054
S	MANUEL MARTINEZ	490 OPA-LOCKA BLVD, STE 20	OPA-LOCKA, FL 33054
T	MICHAEL MARTIN	6418 NW 82 AVENUE	PARKLAND, FL 33067
D	BILL COWINS	2204 ALI-BABA AVENUE	OPA-LOCKA, FL 33054
D	MARCIA BARRY-SMITHQ	8201 N UNIVERSITY DRIVE	TAMARAC, FL 33321

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARTINEZ, MANUEL C/O OPA-LOCKA CDC 490 OPA-LOCKA BLVD., STE. 20 OPA-LOCKA FL 33054

WILLIE LOGAN

treet Address (P.O. Box Number is Not Acceptable)
C/OOPA-LOCKA COMMUNITY DEVELOPMENT CORP Suite, Apt. #, Etc.

490 OPA LOCKA BLVD, STE 20

ÓPA-LOCKA.

Zip Code 33054

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 Agen

10/22/03

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 filling 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:

10/22/03

(305) 687-3545 EXT 223



October 6, 2003

State of Florida
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Re: Administrative Dissolution

Document#: P02000004508

Attached is a copy of the 2003 UBR for the Community Fund of North Miami-Dade, Inc. (Document#: P02000004508 and Federal ID# 41-2025826.) The check was previously mailed . We have not received a copy of the Certificate of Good Standing and per the records available online, it states that this corporation is being administratively dissolved.

This document was originally filed 4/19/03. Your office returned it for the FEI number on 5/14/03 (see attached) and we returned it May 28, 2003 with some other documents. All other documents have been successfully filed. Unfortunately, Document#: P02000004508 has not been filed to date. Please advise us of the status of this document and the procedures for bringing this corporation back into good standing.

If my staff or I can further assist you, please call my office at (305) 687-3545, ext.223.

Sincerely,

Willie Logan President