

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 27 PM 6:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000050684

1. Corporation Name

Community First Investments, Inc.

2. Principal Office Address

28801 SW 157 Ave

3. Mailing Office Address

28801 SW 157 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead, FL

City & State

Homestead, FL

Zip

33033

Country

Zip

33033

Country

4. Date Incorporated or Qualified

To Do Business in Florida June 5, 1998

5. FEI Number

650844338

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

Daniel Lipe

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

28801 SW 157 Avenue

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33033

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

Daniel Lipe

REGISTERED AGENT MUST SIGN

Date August 13, 2004

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
PSD	Robert L. Epling	28801 SW 157 Avenue	Homestead, FL 33033
D	Daniel Lipe	28801 SW 157 Avenue	Homestead, FL 33033
D	Willie Carpenter	28801 SW 157 Avenue	Homestead, FL 33033
V	David Brouwer	28801 SW 157 Avenue	Homestead, FL 33033

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:

David G. Brouwer David G. Brouwer

August 13, 04 (305) 245-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)