

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 FEB -2 AM 9:06

B. 2/2/09
CORPORATION 07-09

DOCUMENT # NO6000000520

1. Corporation Name
S + A Community Development Corporation

2. Principal Office Address - No P.O. Box #
34 Axie Smith Rd.
Suite, Apt. #, etc.

3. Mailing Office Address
34 Axie Smith Rd.
Suite, Apt. #, etc.

City & State
Quincy, FL
Zip
32352
Country
Garden

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Quincy, FL
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32352
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CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida
1-19-2006

5. FEI Number 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
Steven Simpkins
Street Address (P.O. Box Number is Not Acceptable)
34 Axie Smith
Suite, Apt. #, Etc.
City
Quincy FL
State
FL
Zip Code
32352

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.

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 _____
Date 02/02/09 800142588288 01006--002 **192.50
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
P	Mary Perkins	2001 N.W. 191 St.	Miami Garden, FL
D	Kristie Mosley	PO Box 176	Mulden FL 32445
D	Tyren Scott	PO Box 703	Quincy FL 32352
S	Minesha Carter	2425 Mission Rd Apt 1104	Tallahassee FL 32304
P	Steven Simpkins	34 Axie Smith Rd	Quincy FL 32352
VP	Alozzetta Simpkins	34 Axie Smith Rd	Quincy FL 32352

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: Steven Simpkins Date 2-2-09 Daytime Phone # 850 363-8514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D Elizabeth Scott 2001 NW 197 St Miami, FL 33056

O Vivian Mitchell P.O. Box 1661 Quincy, FL 32352