

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 DEC 30 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 17060000000520

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
Suite, Apt. #, etc.

City & State
Quincy FL
Zip
32352
Country

4. Date Incorporated or Qualified To Do Business in Florida
1/19/06
5. FEI Number
20-4241070
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 Rd
Suite, Apt. #, Etc.
City
Quincy
State
FL
Zip Code
32352

REINSTATEMENT
100255080771
12/30/13--01003--002 ***236.00
DEC 30 2013

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 Steven Simpkins REGISTERED AGENT MUST SIGN
Date 12/30/2013 **R. HUNT**

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
PO	Steven Simpkins	34 Axie Smith Rd	Quincy FL 32352
VPO	Alonzaeta Simpkins	34 Axie Smith Rd	Quincy FL 32352
TD	Mary Perkins	2001 N.W. 191 St	Miami Garden FL
D	Kristen Mosley	P.O. Box 176	Malone FL 32445
SD	Vivian Mitchell	65 Bailey Loop	Quincy FL 32352
D	Tyrone Scott	1244 Pt Milligan Rd	Quincy FL 32352

10. E-mail Address: _____
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
SIGNATURE: Steven Simpkins PO 12/30/2013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # _____