

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

03 JAN -6 AM 10:00

DOCUMENT # **N00000003268**

1. Corporation Name

**NATIONAL ORGANIZATION OF BLACK LAW ENFORCEMENT EXECUTIVES SOUTH FLORIDA CHAPTER, INC.**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
**400009880774**  
 01/06/03--01088--014 \*\*236.25

Principal Place of Business

Mailing Address

PO BOX 521145  
 MIAMI FL 33152

PO BOX 521145  
 MIAMI FL 33152



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

RECEIVED 02

4. Date Incorporated or Qualified To Do Business in Florida

05/11/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

City & State

City & State

Not Applicable

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
P	KNIGHT, THADDEUS	16320 N.W. 2ND AVENUE	NORTH MIAMI FL 33169
SGTA	DAWSON, SILVESTER	P.O. BOX 16007	WEST PALM BEACH FL 33416
T	HOUSTON, CAROL	5080 COCONUT CREEK PKWAY	MARGATE FL 33063
PD	THOMPSON, CHARLES	P.O. BOX 570286	MIAMI FL 33257
VD	LAWRENCE, LONNIE	831 N.W. 207TH STREET	MIAMI FL 33169
SD	BROWDY, SHIRLEY	7265 N.W. 25TH STREET	MIAMI FL 33122

8. Name and Address of Current Registered Agent

THOMPSON, CHARLES  
 10800 SW 211 STREET  
 MIAMI FL 33189

9. Name and Address of New Registered Agent

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]*  
**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date 11/21/02

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]*  
**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/21/02

Daytime Phone #

CR2E40 (9/02)