

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

*PAID* FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
DEC 11 PM 1:05

DOCUMENT # **NO1000001306**

1. Corporation Name

**ECONOMIC NATIONAL UNDERPRIVILEGED FOUNDATION, INC.**

2. Principal Office Address

5764 N. ORANGE BLOSSOM TRAIL

3. Mailing Office Address

5764 N. ORANGE BLOSSOM TRAIL

Suite, Apt. # etc.

105

Suite, Apt. # etc.

105

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32810

Country

U.S.A

Zip

32810

Country

U.S.A

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

95-4430262

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

J. FITZGERALD HENDERSON

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

5764 N. ORANGE BLOSSOM TRAIL

Suite, Apt. #, Etc.

105

City

ORLANDO

State

FL

Zip Code

32810

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

*John B. Henderson*  
REGISTERED AGENT MUST SIGN

Date

11/17/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C	DAVID JOHNSON	683 DOUGLAS AVE	ALTAMONTE SPRINGS, FL 32751
P	ZULMA VELEZ-ESTRADA	400 SOUTH ORANGE AVE, 9 <sup>TH</sup> FL	ORLANDO, FL 32804
T	JOHN SCHRENKER, CPA, CFP	3404 CALUMET DRIVE	ORLANDO, FL 32810
S	DESHAWN ANDERSON	207 M.A. BOARD # 20	APOPKA, FL 32703
D	J. FITZGERALD HENDERSON	5764 N. ORANGE BLOSSOM TRAIL # 105	ORLANDO, FL 32808
D	FLOYD FRAZIER	5764 N. ORANGE BLOSSOM TRAIL # 105	ORLANDO, FL 32810

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 Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/03

Date

(407) 719-9723

Daytime Phone #

12/11/03