

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N51349**

1. Corporation Name

**SARA SOCIAL & ECONOMIC DEVELOPMENT, INC.**

Principal Place of Business

1845 NW 65TH STREET  
MIAMI FL 33147

Mailing Address

1845 NW 65TH STREET  
MIAMI FL 33147

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/19/1992

5. FEI Number

65-0368245

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DV	WHITE, JOHN F	470 NE 210TH CIRCLE TERRACE	MIAMI FL 33179
DS	MITCHELL, VINCENT	1866 NW 51ST TERRACE	MIAMI FL 33147
DT	BODISON, JOHN L	3450 OAK AVENUE	MIAMI FL 33133

**REINSTATEMENT**

B 1/19/99  
98-99

00002768526--5  
-02/08/99--01170--017  
\*\*\*\*306.25 \*\*\*\*306.25

8. Name and Address of Current Registered Agent

POITIER, MARIE W REV.  
3131 NW 57TH STREET  
MIAMI FL 33142

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.

Signature of Registered Agent

*Rev. Marie W. Poitier*

REGISTERED AGENT MUST SIGN

Date: Dec. 14, 1998

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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:

*John L. Bodison*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec. 14, 1998 (305) 6914012

CR2EC40 (9/98)