

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 30 AM 10:48

W 10/31

DOCUMENT # N94000000020

1. Corporation Name

THE INSTITUTE OF BLACK FAMILY LIFE, INC.

Principal Place of Business

C/O FOCAL POINT
16405 NW 25TH AVE.
OPA-LOCKA FL 33054

Mailing Address

C/O FOCAL POINT
16405 NW 25TH AVE.
OPA-LOCKA FL 33054

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

SAME AS ABOVE

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

SAME AS ABOVE

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/03/1994

5. FEI Number

65-0501685

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
DP	BAMISHIGBIN, OLA	4400 NW 200TH STREET	MIAMI FL 33056
SD	MCKINNEY, CHARLOT	2075 NW 190 STREET	MIAMI FL 33056
TD	BLACK, JANIE M	8300 NW 14TH COURT	MIAMI FL 33056
DP	VICTOR BAMIRO	3231 N.W. 170 th ST.	MIAMI, FL. 33056
SD	SANDRA BANKS	11005 S.W. 154 th TERR	MIAMI, FL. 331
TD	AUDREY EDMONDS	295 N.E. 88 th ST.	MIAMI, FL. 33138

8. Name and Address of Current Registered Agent(s)

9. Name and Address of New Registered Agent

MCKINNEY, CHARLOT
16405 NW 25TH AVE.
OPA-LOCKA FL 33054

KELVIN WILLIAMS
OLA BAMISHIGBIN
16405 N.W. 25th AVE
OPA-LOCKA, FL. 33054

Name

KELVIN WILLIAMS / OLA BAMISHIGBIN

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

16405 N.W. 25th AVE

Suite, Apt. #, Etc.

City

OPA-LOCKA

State

FL

Zip Code

33054

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

OLA BAMISHIGBIN
REGISTERED AGENT MUST SIGN

Date

10/23/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐ N/A

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/27/97

CP2E040 (8/97)