

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

NOV 12 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 714452

1. Corporation Name

OPA-LOCKA OPTIMIST CLUB BOYS WORK EXTENSION, INC

Principal Place of Business

330 SHARAZAD BLVD
P O BOX 667
OPA LOCKA FL 33054-3504

Mailing Address

330 SHARAZAD BLVD
P O BOX 667
OPA LOCKA FL 33054-3504



REINSTATEMENT

see above

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/17/1988	
City & State		City & State		5. FEI Number	
Zip		Country		59-6150200	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

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
PD	POUNCEY, WILLE	777 SHARAZAD BLVD	MIAMI FL 33055
	HINTON, MARVIN	17201 N.W. 51st PLACE	
VPT	HINTON, MARVIN	15520 N.W. 19th AVENUE	OPA LOCKA FL 33054
	BROWN, ED	15520 N.W. 19th AVENUE	
VPT	MURRAY, CAROL	15520 N.W. 19th AVENUE	OPA-LOCKA FL 33054
		485 DUAND AVE	OPA LOCKA FL 33054
VPT	KELLEY, JOE		
ST	MCCLOUD, WANDA	3000 N.W. 191 ST	MIAMI FL 33056

8. Name and Address of Current Registered Agent

POUNCEY, WILLE
777 SHARAZAD BLVD
OPA LOCKA FL 33054

9. Name and Address of New Registered Agent

Name	MARVIN P. HINTON
Street Address (P.O. Box Number is Not Acceptable)	17201 N.W. 51st PLACE
Suite, Apt. #, Etc.	300002008423-9
City	MIAMI
Date	11-19-96
Signature	*****236141*****2383055

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

[Signature]
REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-7-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-7-96 (305) 654-6590
Date Daytime Phone