

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 SEP 19 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **715290**

1. Corporation Name

**Edison Center Building INC.**

2. Principal Office Address - No P.O. Box #

**5598 NW 7AVE**

Suite, Apt. #, etc.

City & State

**Miami, FL**

Zip

**33127**

Country

**USA**

3. Mailing Office Address

**755 NW 47 TERR.**

Suite, Apt. #, etc.

City & State

**Miami FL**

Zip

**33127**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/19/1968**

5. FEI Number

**23-0809780**

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

**BOBBIE MEEKS**

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

**15545 SW 153 STREET**

Suite, Apt. #, Etc.

City

**Miami**

State

**FL**

Zip Code

**33187**

**REINSTATEMENT**

**400212307154**

**09/19/11--01051--025 \*\*358.75**

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

*Bobbie MEEKS*

REGISTERED AGENT MUST SIGN

Date

**09/16/11**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<b>PRES.</b>	<b>FRANKLIN E. CHRISTMAS</b>	<b>755 NW 47<sup>TH</sup> TERR</b>	<b>Miami, FL 33127</b>
<b>V.P.</b>	<b>SALLIE HARGRETT</b>	<b>436 NW 19<sup>TH</sup> ST</b>	<b>Miami, FL 33136</b>
<b>2<sup>ND</sup> VP</b>	<b>KENNETH AUSTIN</b>	<b>61 KALANDAR ST.</b>	<b>OPA LOCKA, FL 33054</b>
<b>FIN SEC</b>	<b>CARL NELL JONES</b>	<b>8518 NW 23<sup>RD</sup> AVE</b>	<b>Miami, FL 33147</b>
<b>REC SEC</b>	<b>FRANCES SIMMONS</b>	<b>3125 NW 42<sup>ND</sup> ST</b>	<b>Miami, FL 33142</b>
<b>TRES</b>	<b>BOBBIE MEEKS</b>	<b>15545 SW 153<sup>RD</sup> ST</b>	<b>Miami, FL 33187</b>

10. E-mail Address: **frank.Xmas @comcast.net**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Franklin E Christmas*

**FRANKLIN E CHRISTMAS**

Date

**09/15/11**

Daytime Phone #

**305 216 5986**