

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

726299

1. Corporation Name

Urban League of Palm Beach County, Inc.

Principal Place of Business

Mailing Address

1700 N. Australian Avenue
West Palm Beach, FL 33407

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

05/01/1973

5. FEI Number

59-1533710

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
PD	Marcia Andrews	722 Windflower Court	Wellington, FL 33414
VD	Lydia Johnson	1362 Mangonia Drive	West Palm Beach, FL 33401
SD	David C. Prather, Esq.	494 Pelican Lane South	Jupiter, FL 33458

REINSTATEMENT 98-99 TB 4/13/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Marcia Andrews
Street Address (P.O. Box Number is Not Acceptable)
722 Windflower Court
Suite, Apt. #, Etc.
City
Wellington State **FL** Zip Code **33414**

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

Marcia Andrews, Chairman
REGISTERED AGENT MUST SIGN

Date

4/7/99

11. This corporation owes 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 of 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 119.04(3)(b), 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:

Marcia Andrews, Chairman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

Date of Filing

CR2001 12 98