

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 SEP 26 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739598

1. Corporation Name

Olufemi II Duke Theater, Inc.

2. Principal Office Address

1417 W. 10th Street

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Riviera Beach, FL

City & State

Zip

33404

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7-26-77

5. FEI Number

59-1740392

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

95-00

7. Name and Address of Current Registered Agent

Name

Jolinda Herring

700003416437-9

-10/06/00--01003--010

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

2141 Ted Hines Drive

****542.50 ****542.50

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

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

Jolinda Herring

REGISTERED AGENT MUST SIGN

Date 9/26/00

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
D	Merry Herring	1417 W. 10 th Street	Riviera Beach, FL 33404
D	James Wilson, Jr.	1114 9 th Street	West Palm Beach, FL 33301
D	Bruce Herring	Rd. 1417 W. 10 th Street	Riviera Beach, FL 33404
D	Jolinda Herring	2141 Ted Hines Drive	Tallahassee, FL 32308
D	Deborah Gray Helen Washington	1417 W. 10 th Street	Riviera Beach, FL 33404

10. 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:

Jolinda Herring

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/00
Date

850-222-8611
Daytime Phone #