

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

99 MAR -5 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **765740**

1. Corporation Name

North Florida Association of Black Psychologists

Principal Place of Business

Mailing Address

**216 E. Oakland Ave
Ste 4
Tall, FL 32301**

**PO Box 913
Tall, FL
32302-0913**

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

REINSTATEMENT 9599

4. Date Incorporated or Qualified
To Do Business in Florida

11-15-82

5. FEI Number

59-2326960

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
Do.	Jackie Collins Robinson	2748 Bardsward Ln Tall	Tall, FL 32310
Do.	Merlin Langley	406 Perry Paige Florida Municipal	Tall, FL 32309
Do.	Larmia Robbins Brown	2408 Dozier Dr.	Tall, FL 32301
Do.	Yvonne Bell	1311 Lola Dr.	Tall, FL 32201
Do.	Juanita Williams	3005 Walnutish Way	Tall, FL 32310
Do.	Dana Dennard	812 S. Macomb St.	Tall, FL 32301

8. Name and Address of Current Registered Agent

**Jackie Collins Robinson
2748 Bardsward Ln
Tall, FL 32310**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is not acceptable)

Suite, Apt #, Etc

City

State Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date **3-5-99**

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 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

Jackie Collins Robinson

Date

Daytime Phone #

3-5-99 850 561-0427