

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

DOCUMENT # 771228

1. Corporation Name Overtown Advisory Board, Inc

00 MAR -9 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
300 Biscayne Blvd/Way
Suite #430
C/O Dupont Plaza

W-4739

REINSTATEMENT 97-00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 300 Biscayne Blvd/Way Suite, Apt. #, etc. 430 City & State Miami, FL Zip 33131 Country USA		3. New Mailing Office Address, If Applicable 300 Biscayne Blvd/Way Suite, Apt. #, etc. 430 City & State Miami, FL Zip 33131 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 11/14/83	
				5. FEI Number 59-2727708 Applied For. Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
	Fr Leroy Lloyd D	1811 NW 4th Court	Miami, FL 33136 100003171861--1 -03/16/00--01003--028 ****420.00 ****420.00
	Charles Flowers D	1000 NW N.River Drive	Miami, FL 33136
	Geneita Welch D	3095 NW 53rd Street	Miami, FL 33142

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Leroy Lloyd	
Street Address (P.O. Box Number is Not Acceptable) 1811 NW 4th Court	
Suite, Apt. #, Etc.	
City Miami	State FL Zip Code 33136

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 *Leroy Lloyd* REGISTERED AGENT MUST SIGN Date 01/03/00

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: *Leroy Lloyd* 01/03/00 (305) 573-8944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)