

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		3. New Mailing Office Address, If Applicable 300 Biscayne Blvd/Way Suite, Apt. #, etc. 430		4. Date Incorporated or Qualified To Do Business in Florida 11/14/83	
City & State Miami, FL		City & State Miami, FL		5. FEI Number 59-2727708	
Zip 33131 Country USA		Zip 33131 Country USA		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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
	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* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 01/03/00 (305) 573-8944 Daytime Phone #

CR2E081 (12/98)