

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



98-99AK
FLORIDA DEPARTMENT OF REVENUE
Sandra B. Walker
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 11 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000003317

1. Corporation Name

THE COUNCIL FOR THE ADVANCEMENT OF MINORITY BUSINESS INTERNATIONALLY, INC.

Principal Place of Business

Mailing Address

1001 W. JASMINE DRIVE, SUITE J-3
BRANET SQUARE
LAKE PARK FL 33403-2119

1001 W. JASMINE DRIVE, SUITE J-3
BRANET SQUARE
LAKE PARK FL 33403-119
US

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

06/28/1996

5. FEI Number

65-0682001

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
CD	HANNA, HARLINGTON L JR, ESQ	1001 W. JASMINE DRIVE, SUITE J-3	LAKE PARK FL
VCD	KING, ALVIN M	1215 TANGLEWOOD	MEMPHIS TN
SD	DEBERRY, LOIS M	2429 VERDUN STREET	MEMPHIS TN 38114
TD	REEVES, GARTH C SR	900 NW 54TH ST	MIAMI FL
D	BURKE, BERYL R	ROOM 1402 THE CAPITOL	TALLAHASSEE FL 00
D	GROSVENOR, VERTAMAE	635 MASSACHUSETTS AVE NW	WASHINGTON DC

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HANNA, HARLINGTON L JR, ESQ
1001 W. JASMINE DRIVE, SUITE J-3
BRANET SQUARE
LAKE PARK FL 33403-2119

Name

Street Address (P.O. Box Number, If Not Applicable)

Suite, Apt. #, Etc.

City

7000002805097--1

-06/15/99 -01080-010

****306.25 ****306.25

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

11. This corporation owes or has paid 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 where 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., the taxes 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:

HARLINGTON L. HANNA Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #