

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JUN 15 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000005126

1. Corporation Name

The Rainbow-PUSH Coalition,
Inc.

2. Principal Office Address - No P.O. Box #

1312 Sugar Maple Ln.

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

Same

Suite, Apt. #, etc.

N/A

City & State

Brandon, Florida

City & State

N/A

Zip

33511

Country

Hillsborough

Zip

N/A

Country

N/A

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

9/11/1998

5. FEI Number

364144797

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Charles S. McKenzie Jr.

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

1312 Sugar Maple Lane

Suite, Apt. #, Etc.

N/A

City

Brandon

State

FL

Zip Code

33511

000236452860
06/15/12--01040--015 **972.00

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

Charles S. McKenzie Jr.

REGISTERED AGENT MUST SIGN

Date

June 11, 2012

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
Pres.	Charles S. McKenzie Jr.	1312 Sugar Maple Lane	Brandon, Fla. 33511
V. Pres.	John Streater	537 West Davis Blvd.	Tampa, Fla. 33606
Sec.	Isaline Boyd	3735 W. Cass Street	Tampa, Fla. 33609
Treas.	Jack Killingsworth	10380 131st Street	Largo, Fla. 33774

10. E-mail Address: REVCsmckenzie@aol.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 592-

SIGNATURE: Charles S. McKenzie Jr. - Charles S. McKenzie Jr. 6/11/12 (941) 0045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #