

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUN - 3 AM 10:12

DOCUMENT # *N00000002001*

1. Corporation Name

*Julius Adams AIDS Task Force*

**REINSTATEMENT**

*01-04*

2. Principal Office Address

*800 Emma St*

3. Mailing Office Address

*PO Box 4579*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Key West FL*

City & State

*Key West FL*

Zip

*33040*

Country

*USA*

Zip

*33041*

Country

*USA*

4. Date Incorporated or Qualified  
To Do Business in Florida

*March 3, 2000*

5. FEI Number

*65-0997067*

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 W. Martin*

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

*800 Emma Street*

Suite, Apt. #, Etc.

City

*Key West*

State

*FL*

Zip Code

*33040*

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 W. Martin*

REGISTERED AGENT MUST SIGN

Date *5-27-04*

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
<i>Executive Director</i>	<i>Charles W. Martin</i>	<i>3333 Duck Ave / Apt 201 K Key West FL 33040</i>	<i>Key West FL 33040</i>
<i>pres. Board</i>	<i>Dr. Bill Wolfolk</i>	<i>9 NE Nineteenth Ct C-118</i>	<i>Wilton Manor FL 33305</i>
<i>D</i>	<i>Billy Davis</i>	<i>716 Ashe St</i>	<i>Key West FL 33040</i>
<i>Sec. Treas.</i>	<i>Alice Weingarten</i>	<i>1125 Duwall St</i>	<i>Key West FL 33040</i>
<i>D</i>	<i>Dr. Jerome Covington</i>	<i>901 Von Phister St</i>	<i>Key West FL 33040</i>

10. 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:

*Charles W. Martin*

*5-27-04*

*(305) 295-2437*

*6/8 aw*

CR2E081 (10/02)