PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 MAY -2 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000002881

1. Corporation Name

Hallandale High Alumni and Friends A Association,IIncorporated

REINSTATEMENT 01-02

2. Principal Office Address	**3.** Mailing Office Address
1749 East Hallandale	Beach Blvd
Suite, Apt. #, etc.: Suite #210	Suite, Apt. #, etc.
City & State: Hallandale Beach	City & State
Zip: 33009 / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/27/2000

5. FEI Number: ☐ 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: Tammy Royster

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-05/15/02--01019--011
****297.50 ****297.50

Street Address (P.O. Box Number is Not Acceptable): 2710 Plunkett Street

Suite, Apt. #, Etc.:

City: Hollywood | State: FL | Zip Code: 33020

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: Tammy Royster
REGISTERED AGENT MUST SIGN

Date: 04/27/2002

CR2E081 (9/01)

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
PD	Qunea D. Gordon	2400 East Las Olas Blvd	#247 Fort Lauderdale Florida 33301
VD	Vernell Thomas	304 N.W. 3rd Court	Hallandale Beach, Florida 33009
TD	Cedric Dean	621 N.W, 5th Avenue	Hallandale Beach, Florida 33009
T	Von Thomas	114 N.W. 1st Avenue	Hallandale Beach, Florida 33009
T	Lydia Mayers	2440 Jackson Street #C	Hollywood Florida 33021

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: Qunea Gordon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/27/2002

Daytime Phone #: (954) 357-5936