

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00000003268

1. Entity Name
NATIONAL ORGANIZATION OF BLACK LAW
ENFORCEMENT EXECUTIVES SOUTH FLORIDA
CHAPTER, INC.



Principal Place of Business
PO BOX 521145
MIAMI, FL 33152

Mailing Address
PO BOX 521145
MIAMI, FL 33152

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02142005 REIN-NP

CR2E099 (6/04)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, CHARLES
4900-A S.W. 149 COURT
MIAMI, FL 33185

Name GERALD L. DARLING

305-757-7708

Street Address (P.O. Box Number is Not Acceptable)
6100 NW 2nd Ave

City

Miami

FL

Zip Code
33127

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Shirley Browdy

2/14/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME P
STREET ADDRESS KNIGHT, THADDEUS
CITY-ST-ZIP 16320 N.W. 2ND AVENUE
NORTH MIAMI, FL 33169 ☐ Delete

TITLE
NAME
STREET ADDRESS 100047422001
CITY-ST-ZIP 03/01/05--01003--004 ***306.25 ☐ Change ☐ Addition

TITLE
NAME T
STREET ADDRESS HOUSTON, CAROL
CITY-ST-ZIP 5080 COCONUT CREEK PKWAY
MARGATE, FL 33063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME PD
STREET ADDRESS THOMPSON, CHARLES
CITY-ST-ZIP P.O. BOX 570288
MIAMI, FL 33257 ☐ Delete

TITLE
NAME PD
STREET ADDRESS Gerald L. Darling
CITY-ST-ZIP 6100 NW 2nd Ave., Miami FL 33127 ☒ Change ☐ Addition

TITLE
NAME VD
STREET ADDRESS DARLING, GERALD
CITY-ST-ZIP 400 N.W. 2 AVE.
MIAMI, FL 33128 ☐ Delete

TITLE
NAME VD
STREET ADDRESS Kelvin Davis
CITY-ST-ZIP 8685 NW 53 Terr. #100, Miami, FL 33166 ☒ Change ☐ Addition

TITLE
NAME SD
STREET ADDRESS BROWDY, SHIRLEY
CITY-ST-ZIP 1030 N.W. 111TH AVE.
MIAMI, FL 33172 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shirley Browdy

Shirley Browdy

2/14/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #