

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -1 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000005983

1. Corporation Name

Community Expressive Art Youth Group, INC.

2. Principal Office Address

14240 S.W. 106 Ct

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33176

Country

Dade

3. Mailing Office Address

14240 S.W. 106 Ct

Suite, Apt. #, etc.

City & State

Miami Fla

Zip

33176

Country

Metro Dade

REINSTATEMENT 01-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/11/2000

5. FEI Number

651039648

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

Gloria Angel Williams

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

14240 S.W. 106 Ct

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33176

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

Gloria Angel Williams

REGISTERED AGENT MUST SIGN

Date 11-14-03

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
Sec	<u>Delois Faison</u>	<u>11150 SW 196 St D-306</u>	<u>Sec, Miami 33157</u>
Treasurer	<u>Dora Mae Anderson</u>	<u>14240 S.W. 106 Ct</u> <u>Madison St.</u>	<u>Treasurer Miami Fla 3376</u>
Vice Pres	<u>Arthur L. Williams</u>	<u>14240 S.W. 106 Ct</u>	<u>Miami Fla 3376</u>
Presi	<u>Gloria A. Williams</u>	<u>14240 S.W. 106 Ct</u>	<u>Miami Fla 33176</u>

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:

Gloria Angel Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)