PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 31 PM 4:20

DOCUMENT # N00000006519

1. Corporation Name
DORSEY-RIVERBEND Revitalization Council INC

REINSTATEMENT 01

2. Principal Office Address	3. Mailing Office Address
1409 Sistrunk Blvd.	
Suite, Apt. #, etc. #102	Suite, Apt. #, etc.
City & State FORT Laud FL	City & State
Zip 33311	Country Broward
	Zip
	Country

4. Date Incorporated or Qualified To Do Business in Florida 10-2-2000

5. FEI Number 65-1135324 ☑ 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
Matt J WALTERS II

Street Address (P.O. Box Number is Not Acceptable)
1409 SistrunK Blvd #102

Suite, Apt. #, Etc.
Ft Lauderdale FL 33311

City | State FL | Zip Code 33311

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-11/27/01--01050-008
****245.00 ****245.00

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 Matt J Walters II
REGISTERED AGENT MUST SIGN

Date 10-12-2001

CR2E081 (9/00)

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	Matt J. WALTERS II	412 N.W. 18 AVE	Ft. Laud. FL 33311
D	Walter HINTON	713 N.W 19th AVE	Ft. Laud FL 33311
SD	Michelle GOOBBY	433 N.W. 15th TERR	Ft. Laud FL 33311
TD	Marjorie DAVIS	1713 N.W. 5th St	Ft. Laud FL 33311

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: Matt J Walters II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-12-2001

(954) 683-9498 523-6240
Daytime Phone #