


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N00000006S19			
1. Corporation Name Dorsey Riverbend Revitalization Council, Inc.			
2. Principal Office Address 1126 S. Federal Hwy Suite, Apt. #, etc. 379 City & State Ft. Lauderdale Zip 33316 Country U.S.A		3. Mailing Office Address 1126 S. Federal Hwy Suite, Apt. #, etc. 379 City & State Ft. Lauderdale Zip 33316 Country U.S.A	
4. Date Incorporated or Qualified To Do Business in Florida 10/02/00		5. FEI Number 65-1135324 Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Matt Walters			
Street Address (P.O. Box Number is Not Acceptable) 412 NW 18 Ave Suite, Apt. #, Etc. 10/14/05 01047 010 **297.50			
City Ft Lauderdale		State FL	Zip Code 33311
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 Walters		Date 10/4/05	
REGISTERED AGENT MUST SIGN			
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 Walters	412 NW 18 Ave	Ft. Lauderdale FL 33311
SD	Michelle Goosby	433 NW 15 Terr	Ft. Lauderdale FL 33311
TD	Marjorie Davies	1713 NW 5 St	Ft. Lauderdale FL 33311
D	Jasmin Shirley	1126 S. Federal Hwy #379	Ft Lauderdale FL 33316
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 Walters		Date 10/4/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	