

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 MAR 31 AM 8:48

DOCUMENT # **N00000006519**

1. Corporation Name

**Dorsey Riverbend Revitalization
Council Inc**

2. Principal Office Address - No P.O. Box #

545 N. Andrews AVE

Suite, Apt. #, etc.

207

City & State

Ft. Lauderdale FL

Zip

33301

Country

USA

3. Mailing Office Address

1126 S. Fed Hwy.

Suite, Apt. #, etc.

379

City & State

Ft. Lauderdale FL

Zip

33316

Country

USA

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

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

412 N.W. 18 AVE

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33301

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **01/18/2009**

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
Pres	Matt J. Walters	412 N.W. 18 AVE	Ft. Lauderdale FL 33311
Sec	Michelle Goosbey	1126 S. Fed. 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 contained in Chapter 119, 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, **Matt J. Walters**

Date

1/16/2009

Daytime Phone #