

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN -2 AM 8:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

02-03

DOCUMENT # N00000006519

1. Corporation Name

Dorsey-Riverbend Revitalization Council, Inc.

2. Principal Office Address

1126 South Federal Hwy

Suite, Apt. #, etc.

P. O. Box 379

City & State

Ft. Lauderdale

Zip

FL

Country

Broward

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/02/2000

5. FEI Number

651135324

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

400020306964

06/02/03--01052--006 \*\*131.25

7. Name and Address of Current Registered Agent

Name

Matt J. Walters, III

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

412 NW 18th Ave

Suite, Apt. #, Etc.

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

REGISTERED AGENT MUST SIGN

Date

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
Chair	Matt J. Walters	412 NW 18th Ave	Ft. Lauderdale, FL 33311
S	Michelle Goosby	433 NW 15th Terr.	Ft. Lauderdale, FL 33311
VC	Walter Hinton	713 NW 19th Ave	Ft. Lauderdale, FL 33311
T	Marjorie Davis,	1713 NW 5th St.	Ft. Lauderdale, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Matt J. WALTERS

Date

5-21-2003

Daytime Phone #

CR2E081 (10-02)

21 6/3

## **Dorsey Riverbend Revitalization Council**

**1126 South Federal Hwy, Box 379**

**Ft. Lauderdale, FL 33316**

**Phone: 954-523-6240 Fax: 954-523-6909**

May 19 2003

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

To: Whom It May Concern

I am writing this letter requesting that you wave all late fees. We did not receive years 2001 & 2002 Uniform Business Reports.

Enclosed you will find a:

- Corporation Reinstatement Form
- Check for \$131.25 (Annual Report Fee for 2001 & 2002 and \$8.75 for a Certificate of Status)

Thank you for your assistance.

Sincerely

Matt J. Walters, III