

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 25 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N 000 000 714 2**

1. Corporation Name

DIGITAL DIVIDE BRIDGE FOUNDATION, INC

600054214376
05/10/05--01059--011 **358.75

2. Principal Office Address

6001 NW 7th Ave

3. Mailing Office Address

REINSTATEMENT 03-05

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33129

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-26-2000

5. FEI Number

65-1057809

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

TERRY V. PERCY

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

11580 SW 125 ST

Suite, Apt. #, Etc.

City

Miami,

State

FL

Zip Code

33126

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

T. V. Percy
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
PSD	TERRY V. PERCY	11580 SW 125 ST	Miami, FL 33126
VP	KHALID SALAHUDDIN	11635 WE 21 st Drive	North Miami, 33181
D	SHARON WILLIAMS	6001 NW 7 th AVE	Miami, FL 33127

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

4-14-05 3:05 PM 751-1592

Date

Daytime Phone #

CR2E081 (01/05)