

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
01 DEC 27 PM 2:44

DOCUMENT # N00000007963

1. Corporation Name

ORACENE WILLIAMS LEARNING FOUNDATION, INC.

Principal Place of Business

Mailing Address

5841 CORPORATE WAY STE 104
WEST PALM BEACH FL 33407

5841 CORPORATE WAY STE 104
WEST PALM BEACH FL 33407



REINSTATEMENT

01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/01/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

52-2297314

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|--------------|-------------------------------------|--|--|
| PVST | WILLIAMS, ORACENE | 5841 CORPORATE WAY STE 104 | WEST PALM BEACH FL 33407 |
| D | WILLIAMS, VENUS E | 313 GRAND T TERRACE TE 104 | PALM BEACH GARDENS FL 33418 |
| D | WILLIAMS, SERENA J | 313 GRAND T TERRACE TE 104 | PALM BEACH GARDENS FL 33418 |
| D | BAILEY, LARRY | 1900 K STREET N.W. | WASHINGTON DC 20006 |
| D | WILLIAM, ORACENE | 5841 CORPORATE WAY, SUITE 104 | WEST PALM BEACH FL 33401 |
| D | PRICE, ISHA | 1005 K STREET N.E. | WASHINGTON DC 20002 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAMS, ORACENE
5841 CORPORATE WAY STE 104
WEST PALM BEACH FL 33407

Name

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

Suite, Apt. #, Etc.

400004765084

City

01/10/02-01058-018
***236 State ***236.25
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Oracene Williams
REGISTERED AGENT MUST SIGN

Date

12/21/01

11. 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

Oracene Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/21/01

CR2E040 (8/01)