

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000007963

1. Corporation Name

ORACENE WILLIAMS LEARNING FOUNDATION, INC

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

%5725 CORPORATE WAY

Suite, Apt. #, etc.

SUITE 206

City & State

WEST PALM BEACH FL

Zip

33407

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name

ZENORA KERR WARD

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

5725 CORPORATE WAY

Suite, Apt. #, Etc.

SUITE 206

City

WEST PALM BEACH FL

State

FL

Zip Code

33407

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

Zenora Kerr Ward

REGISTERED AGENT MUST SIGN

Date **03/03/08**

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	ORACENE PRICE	%5725 CORPORATE WAY, #206	WEST PALM BEACH FL 33407
VP	CORA M BARRY	701 MISSISSIPPI AVE SE	WASHINGTON, DC 20032
TR	LARRY D. BAILEY	1140 CONNECTICUT AVE, #500	WASHINGTON, DC 20036
SEC	ISHA PRICE	1005 K STREET	WASHINGTON, DC 20005

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:

Larry D. Bailey

LARRY D. BAILEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/5/08

202-293-1999

Daytime Phone #

FILED

08 MAR 10 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500119832075
03/10/08--01049--015 **420.00

500119832075
03/10/08--01049--015 **358.75

REINSTATEMENT 05-08

4. Date Incorporated or Qualified
To Do Business in Florida **12/01/2000**

5. FEI Number
52-2297317

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☐ 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.