

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

**CORPORATION
REINSTATEMENT**



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

02 AUG -5 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000008086

1. Corporation Name

Opa-Locka/North Dade Front Porch Council, Inc.

2. Principal Office Address

P.O. Box 541575

3. Mailing Office Address

P.O. Box 541575

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Opa-Locka, Florida

City & State

Opa-Locka, Florida

Zip

33054

Country

USA

Zip

33054

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-1098113

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

Juanita Mincey

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

2527 Opa-Locka Blvd.

Suite, Apt. #, Etc.

City

Opa-Locka

300006952103--4
-08/07/02--01018--003
****297.50 ****297.50

State
FL

Zip Code
33054

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

Juanita Mincey

REGISTERED AGENT MUST SIGN

Date 8/1/02

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
PD	Ulysses Harvard	15800 N.W. 17th Place	Miami/Florida/33054
VPD	Kathy Williamson	5332 S.W. 126th Avenue	Hollywood/Florida/33027
SD	Paulette Wilson	15830 N.W. 17th Court	Opa-Locka/Florida/33054
TD	Priscilla D. Johnson	2950 N.W. 164th Terrace	Opa-Locka/Florida/33054

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:

Ulysses Harvard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/02 (305) 769-3044

Date

Daytime Phone #

CR2E001 (9/01)

of 8/6/02