

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N00000008265

1. Corporation Name

LIBERTY SQUARE RESIDENT COUNCIL, INC.

Principal Place of Business

6300 N W 14TH AVENUE
MIAMI FL 33147

Mailing Address

6300 N W 14TH AVENUE
MIAMI FL 33147

FILED

02 JUN -3 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/13/02--01079--008



REINSTATEMENT 01-07

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/2000

5. FEI Number

65-0258995

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
President	Barbara Pierre	1321 NW 58 Terr	Miami, FL 33142
V-Pres.	Derricka Beckham	6517 NW 13 Place	Miami, FL 33147
Sec	Brenda Kent	1370 NW 65 Terr	Miami, FL 33147
Rec Sec	Blanch Daniels	6315 NW 12 Parkway	Miami, FL
Treas.	Helen Hamilton	1374 NW 63 Terr	Miami, FL 33147
		236-25-Adm 61-25-AR	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PIERRE, BARBARA
6300 N W 14TH AVENUE
MIAMI FL 33147

Name

BARBARA Pierre

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

1321 N.W. 58 terrace

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33142

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

2/25/02

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/25/02

Daytime Phone #

CR2E040 (8/11)