

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
800008836088  
11/06/02--01127--003 \*\*61.25



DOCUMENT # N00000008511

1. Corporation Name

CENTRAL FLORIDA ETHIOPIAN COMMUNITY ASSOCIATION,  
INC.

Principal Place of Business

13701 STATE ROAD 535  
ORLANDO FL 32821

Mailing Address

13701 STATE ROAD 535  
ORLANDO FL 32821

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

2. New Principal Office Address, If Applicable

4907 Steyr St  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 691832  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

12/27/2000

City & State

Orlando FL

City & State

Orlando FL

5. FEI Number

59-3690427

Applied For

Not Applicable

Zip

32819

Country

Zip

32869

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
D	SCHIBABAW, WAYU	13701 STATE ROAD 535	ORLANDO FL 32821
D	TSEHAYU, BELACHEW	1158 B. REDMAN ST.	ORLANDO FL 32839
D	TADESSE, GETACHEW	80 POPLARWOOD LANE	KISSIMMEE FL 34743

8. Name and Address of Current Registered Agent

BRUMER, BARRY N  
5728 MAJOR BLVD.  
SUITE 311  
ORLANDO FL 32819

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Barry N Brumer*  
REGISTERED AGENT MUST SIGN

Date

10/25/02

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.

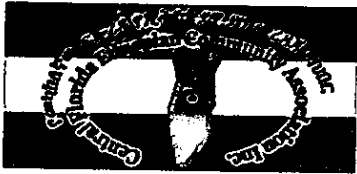
SIGNATURE:

*Schibabaw Wayu*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/02 407-448-7313



Central Florida Ethiopian Community Association Inc.  
P.O.Box 691832 Orlando, FL 32869  
Phone 407-363-4816 Fax 407-857-8436

To Whom It May Concern:

Dear Madam, Sir we have changed our mailing address since March 2002 and didn't receive correspondence from the IRS regarding the annual business report. This is the first one we come across please correct our mailing address as above in your file we really appreciate on this matter and we have attached the check for \$61.25 for this year.

Thank you.

Document # N00000008511

FEI 59-3690427

Shibabaw Wayu  
President, CFECA