

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
~~REINSTATEMENT~~



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

DOCUMENT # N01000001306

1. Corporation Name

ECONOMIC NATIONAL UNDERPRIVILEGED FOUNDATION, INCORPORATED

Principal Place of Business

5594 N. ORANGE BLOSSOM TRAIL
STE. 105
ORLANDO FL 32810

Mailing Address

5594 N. ORANGE BLOSSOM TRAIL
STE. 105
ORLANDO FL 32810

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

2. New Principal Office Address, If Applicable

422 CENTRAL AVENUE

Suite, Apt. #, etc.

4

City & State

APOPKA Florida

Zip

32703

Country

USA

3. New Mailing Office Address, If Applicable

5764 North Orange Blossom Trail

Suite, Apt. #, etc.

105

City & State

Orlando Florida

Zip

32810

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/23/2001

5. FEI Number

95-4430262

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	HENDERSON, J. FITZGERALD	5594 N. ORANGE BLOSSOM TRAIL #105 5764 N.	ORLANDO FL 32810
D	HENDERSON, SI	4902 TAM DR.	ORLANDO FL 32808
D	Deshawn Anderson	207 M.A. ROAD #20	APOPKA FL 32703

8. Name and Address of Current Registered Agent

HENDERSON, J. FITZGERALD
4902 TAM DR.
ORLANDO FL 32808

9. Name and Address of New Registered Agent

Name

J. FITZGERALD HENDERSON

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

5764 N. ORANGE BLOSSOM TRAIL #105

Suite, Apt. #, Etc.

105

City

ORLANDO

State

FL

Zip Code

32810

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

John S. Henderson
REGISTERED AGENT MUST SIGN

SIGNATURE REQUIRED

Date 10-29-02

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:

John S. Henderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-02 407-252-1669

Date

Daytime Phone #

CR2E040 (8/02)


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**To: Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, Florida 32314**

**From: Director John F. Henderson
Economic National Underprivileged Foundation
5764 N. Orange Blossom Trail # 105
Orlando, Florida 32810**

On behalf of the Economic National Underprivileged Foundation (ENUF), I John F. Henderson a Director and authorized registered agent do testify that I did not receive the prior notices, and that the address has changed as of the beginning of the year. We did notice the old addresses on you mail out material please make the enclosed corrections on the computer stated on the reinstatement form. Please abate and waive any penalty due to us not receiving your notices.

Thank you,


**John F. Henderson
Director/Registered Agent**