

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 30 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO1000002744

1. Corporation Name

Black Alliance For Educational Options-Palm Beach County
Chapter, Inc.

2. Principal Office Address

1233 45th Street

Suite, Apt. #, etc.

Suite A-5

City & State

West Palm Beach, FL

Zip

33407

Country

USA

3. Mailing Office Address

P.O. Box 21626

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33416

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

4-16-01

5. FEI Number

65-1158395

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Marcia Hayden

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

11180 Cobblefield Rd

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33467

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

Date

REGISTERED AGENT MUST SIGN

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
C	Marcia Hayden	11180 Cobblefield Road	Wellington, FL 33467
V-C	Robert Carpenter	10125 Eastmar Commons Drive	Orlando, FL 32825
T	Paul Dumars	P.O. Box 18941	West Palm Beach, FL 33411
S	Michelle Percy	8855 Okeechobee Blvd. #304	West Palm Beach, FL 33411
D	Felisa Geuka	1920 Embassy Drive	West Palm Beach, FL 33401

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:

Marcia Hayden Marcia Hayden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/03

Date

561-758-9368

Daytime Phone #

CR2E081 (10/02)