

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL 18 PM 2:14

DOCUMENT # N01000003033

1. Corporation Name

NORTHWESTERN CLASS OF 1966, INCORPORATED

Principal Place of Business

Mailing Address

1804 NW 192 ST
OPA LOCKA FL 33055

1804 NW 192 ST
OPA LOCKA FL 33055

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

17125 NW. 37th COURT
Suite, Apt. #, etc.

17125 N.W. 37th COURT
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

04/27/2001

5. FEI Number

Applied For

City & State

City & State

OPA LOCKA, FL

OPA LOCKA, FL

Zip

Country
USA

Zip
33055

Country
USA

EIN 71-0946261

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
P	SARGENT, CHARLES E	17125 NW 37 CT	MIAMI FL 33055
V	CAMPBELL, GWENDOLYN J	18830 NW 48 CT	MIAMI FL 33055
S	SARGENT, GEORGETTE	17125 NW 37 CT	MIAMI FL 33055
T	FLOWERS, DWIGHT	9621 DUNHILL DR	MIRAMAR FL 33025
			800021649888 07/18/03--01085--004 **297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PAYNE, SAMUEL
1804 NW 192 ST
OPA LOCKA FL 33055

Name

WILLIE MAE INNISS

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

17220 N.W. 64th AVE

Suite, Apt. #, Etc.

APT. #209

City

MIAMI

State

FL

Zip Code

33015

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

Nov. 4, 2002

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
Charles E. Sargent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/04/02
Date

305-899-3490
Daytime Phone #

CR2E040 (8/02)