

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 29 PM 4:32

DOCUMENT # 001000004066

1. Corporation Name

BROWARD County Black Elected OFFICIALS
INC.

REINSTATEMENT

2. Principal Office Address - No P.O. Box #

3369 NW 21 Street

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 590277

Suite, Apt. #, etc.

City & State

Lauderdale Lakes, FL

City & State

FT. Lauderdale FL.

Zip

33311

Country

USA

Zip

33359-0277

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LEVOYD WILLIAMS

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

3369 NW 21 Street

Suite, Apt. #, Etc.

City

Lauderdale Lakes

State

FL

Zip Code

33311

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

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
D	LEVOYD WILLIAMS	3369 N. W 21 Street	Lauderdale Lakes, FL 33311
D	HAZELLE ROGERS	2769 NW 36 Ave	Lauderdale Lakes, FL 33311
D	FITZROY SALESMAN	3501 NASSAU DR	MIRAMAR, FL 33023
D	MARGARET BATES	4211 N-W 24 ST.	Lauderhill, FL 33313
D	Joseph Angelo	2609 NW 6 th Ter	WILTON MANOR, FL 33311

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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 contained in Chapter 119, 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:

HAZELLE ROGERS
Director

Date

8-14-07 954-485-6356

Daytime Phone #