

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN 21 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N0100006023

**1. Corporation Name**

DR. TYRONE HILL'S CHRITABLE FOUNDATION, INC.

1343 NE MIAMI CT  
P.O. BOX 471635

**2. Principal Office Address**  
1343 NE MIAMI CT

**3. Mailing Office Address**  
P.O. BOX 471635

Suite, Apt. #, etc.  
14

Suite, Apt. #, etc.

City & State  
MIAMI

City & State  
MIAMI

Zip  
33132

Country  
USA

Zip  
33247

Country  
USA

700037665927  
06/04/04--01033--021 \*\*123.00

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified  
To Do Business in Florida** 08/23/01

**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

Bob Hall

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

1743 NE miami ct # 14

Suite, Apt. #, Etc.

14

City

miami

State  
FL

Zip Code

33132

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

6/20/04

**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
pret.	Dr Tyrone Hill	1343 ne miami ct # 14	miami Fl. 33132
Secr	D Cook	1623 nw 62nd st	miami FI 33147
Treas	Tomalena Weaver	1900 nw 62nd st	miami FI 33147

**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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/03/04

Date

786 709 0415

Daytime Phone #

CR2E081 (01/04)