

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 APR 29 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # N01000007164

1. Corporation Name

FOCUS COMMUNITY CENTER, INC.

2. Principal Office Address

16457 NE 6th Ave.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33161

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-1147130

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 0203

7. Name and Address of Current Registered Agent

Name

The Law Office of Johanne Foster, LLC

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

12555 Orange Dr.

Suite, Apt. #, Etc.

Ste# 2B

City

Davie

State
FL

Zip Code

33330

000018458170

05/07/03 01005 007 **61.25

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

Johanne Foster

REGISTERED AGENT MUST SIGN

Date **4/3/03**

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	Ronel Lori	4501 NW 36th Street #213	Lauderdale Lakes, FL 33319
D	Mario Appolon	2099 NE 183rd Street	North Miami Beach, FL 33179
D	Jean R. Giordanny	2124 SW 149th Ave	Pembroke Pines, FL 33027

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:

Johanne Foster

MARIO APOLON
Jean R. Giordanny

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/03

CR2E081 (9/01)

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