

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

REINSTATEMENT



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N01000007854

1. Corporation Name

NED BROOKS/HOLMES FAMILY REUNION, INC.

Principal Place of Business

Mailing Address

532 DR. MARY MCLEOD BETHUNE BLVD.
DAYTONA BCH FL 32114

532 DR. MARY MCLEOD BETHUNE BLVD.
DAYTONA BCH FL 32114

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/2001

5. FEI Number

59-3758405

Applied For

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	WHEELER, DONALD	1614 SE 15TH AVE.	GAINESVILLE FL 32641
VD	WILLIAMS, PRISCILLA	P. O. BOX 1014	STARKE FL 32091
SD	GOLDWIRE, IDA	P. O. BOX 423	ALACHUA FL 32615
TD	DARVILLE, GLENDA	7336 CHILTON LANE	RIVERDALE GA 30296
D	COVINGTON, SYLVESTER	663 MADISON AVE.	DAYTONA BCH FL 32114
D	BROOKS, HOWARD	4306 S. LAKE ORLANDO PKWY.	ORLANDO FL 32808

8. Name and Address of Current Registered Agent

COVINGTON AND ASSOCIATES, INC.
532 DR. MARY MCLEOD BETHUNE BLVD.
DAYTONA BCH FL 32114

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Sylvestre Covington
REGISTERED AGENT MUST SIGN

Date

10/23/02

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:

Sylvestre Covington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)



PROFESSIONAL DEVELOPMENT CENTER

532 Dr. Mary McLeod Bethune Boulevard • Daytona Beach, FL 32114 • (386) 239-9755
(386) 239-9705

Fax: (386) 239-0280

October 23, 2002

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE: Reinstatement of Ned Brooks/Holmes Family Reunion, Inc.

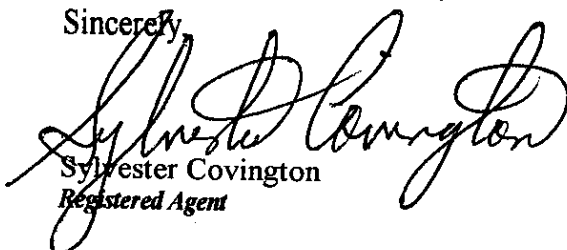
To Whom It May Concern:

Please be advised that we *did not* receive the prior uniform business reports. I am not sure what happen, we have had different mail couriers for the last six months, and our mail could have been given to another business that did not bother to forward it our company.

Sorry, for the break in communication but I have always sent in the Annual Reports in a timely manner for Corporations which I am listed as the Registered Agent.

Please find our money order enclosed for \$61.25. Thanks for your help.

Sincerely,



Sylvester Covington
Registered Agent