

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02000003066**

1. Corporation Name

KASS COMMUNITY CENTER, INC.

Principal Place of Business

Mailing Address

7638 OAK GROVE CIR.
LAKE WORTH FL 33467

7638 OAK GROVE CIR.
LAKE WORTH FL 33467

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

04/22/2002

5. FEI Number

043658326

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	KASANGANAY, BATUMANE	7638 OAK GROVE CIR.	LAKE WORTH FL 33467
SD	LEE, WANDA	4600 BROOK DR.	W. PALM BCH FL 33417
TD	MWAMBA, KASANGANAYI F	1911 WEIGHMONT CT.	CHARLOTTE NC 28227
D	DEMILLS, IAN	3606 ALDER DR., APT. G-1	W. PALM BCH FL 33417
D	BANKS, MARGRADY	3081 NW 47TH TERR.	FT. LAUDERDALE FL 33313

600025884026
12/31/03--01024--014 **236.25

8.-Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KASANGANAY, BATUMANE
7638 OAK GROVE CIR.
LAKE WORTH FL 33467

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

Batumane Kasanganay (PD)
REGISTERED AGENT MUST SIGN

Date 12/26/03

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:

Kasanganayi f Mwamba (VA)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/03

Date (704) 882 87907 Daytime Phone #