

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV 30 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000005563

1. Corporation Name

Minority Business Organization, Inc.
13309 41st Lane North
Royal Palm Beach, FL 33411

2. Principal Office Address

13309 41st Lane North

Suite, Apt. #, etc.

City & State

Royal Palm Beach, FL

Zip

33411

Country

U.S.A.

3. Mailing Office Address

13309 41st Lane North

Suite, Apt. #, etc.

City & State

Royal Palm Beach, FL

Zip

33411

Country

U.S.A.

800029333258

02/25/04--01008--015 **297.50

03-04

**4. Date Incorporated or Qualified
To Do Business in Florida** 07/22/2002

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
John Elliot

Street Address (P.O. Box Number is Not Acceptable)
13309 41st Lane North

Suite, Apt. #, Etc.

City
Royal Palm Beach

State
FL

Zip Code
33411

REINSTATEMENT

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 11-22-04

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
P	John Elliot	13309 41st Lane North	Royal Palm Beach, FL 33411
VP	Milton Grey	1139 53rd Court North	Mangonia Park, FL 33407
VP	Tony McCray	638 6th Street	West Palm Beach, FL 33401
S	Ann McNeil	638 6th Street	West Palm Beach, FL 33401
T	Mark Escoffery	4241A Northlake Boulevard	Palm Beach Gardens, FL 33410

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

13-2-04

Date

Daytime Phone #

CR2E081 (01/04)