

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 24 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000006398**

1. Corporation Name

FLORIDA AFRICAN AMERICAN HIV/AIDS COUNCIL OF PALM BEACH COUNTY, INC.

Principal Place of Business

Mailing Address

3900 BROADWAY
W PALM BCH FL 33407

PO BOX 9504
RIVIERA BCH FL 33419



REINSTATEMENT 03

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

22-3887790

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	CLARK, JR., ISAIAH S REV.	1921 HILTONIA CIR	W PALM BCH FL 33407
DV	WOODARD, III, DR. M.MARSHALL REV	600 SW-8 ST	BELLE GLADE FL 33430
DV	JENKINS, EMMANUEL REV.	1233 45 ST #C4	W PALM BCH FL 33407
DS	MCMILLON, HORACE REV	2002 A.E. ISAAC AVE	W PALM BCH FL 33407
DT	MCFADDEN, SR., JAMES R REV.	128 11 ST	BOCA RATON FL 33431

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FALANA, CHARLES A
8039 VIA HACIENDA
PALM BCH GARDENS FL 33418

Name

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

Suite, Apt. #, Etc.

City

700024982627

11/24/03--01098--0014 State # Zip Code 10

FL

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

REGISTERED AGENT MUST SIGN

Date

11/19/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/19/03

CR2E040 (7/03)