

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN -7 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 002000007288

1. Corporation Name

Billy Raven Foundation, Inc

2. Principal Office Address - No P.O. Box #

4965 East Sable Palms Blvd.

3. Mailing Office Address

166 NW 100 Street

Suite, Apt. #, etc.

301

Suite, Apt. #, etc.

City & State

Tamarac, FL

City & State

Miami Shores

Zip

33319

Country

US

Zip

33150

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

9-24-2002

5. FEI Number

54-2110006

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

Byron Smith

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

15303 SW 107 Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 6/4/07

REGISTERED AGENT MUST SIGN

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	William Delaney	4965 East Sable Palms Blvd. #301	Tamarac, FL 33319
VP	Byron Smith	15303 SW 107 Court	Miami, FL 33157
VP	Stephanie Warnell	2289 Pembroke Road #178	Pembroke Pines, FL 33025
T	Jerome Jordan	166 NW 100 Street	Miami Shores, FL 33150

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 contained in Chapter 119, 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

6/4/07

Date

305-491-3775

Daytime Phone #

REINSTATEMENT 05-07
CR2E081 (1/07)

500104086055
06/07/07--01041--011 **385.75
500104086055
06/07/07--01041--012 **8.75

26/11