

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -4 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000009412

1. Corporation Name

Big Bend Fair Housing Center, Inc.

2. Principal Office Address

1105 Hayes Street
Suite, Apt. #, etc.

3. Mailing Office Address

same
Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32301

Country

Leon

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/6/02

5. FEI Number

03-0497074

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

Benjamin L. Crump, Esq.

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

240 NORTH MAGNOLIA ST.

Suite, Apt. #, Etc.

N/A

City

TALLAHASSEE

State

FL

Zip Code

32301

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 11/20/03

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
Pres.	<u>Ben. J. Crump</u>	<u>240 N. Magnolia St.</u>	<u>Tallahassee, FL, 32301</u>
V-P	<u>MARCUS HEPBURN</u>	<u>3301 Killala Way</u>	<u>Tallahassee, FL, 32308</u>
Sec.	<u>DARRYL JONES</u>	<u>501 W. Orange St.</u>	<u>Tallahassee, FL 32301</u>
Tres.	<u>Sharon OFUANI</u>	<u>300 S. Adams St.</u>	<u>Tallahassee, FL 32301</u>
ExD	<u>Cynthia Burch</u>	<u>1105 Hayes Street</u>	<u>Tallahassee, FL, 32301</u>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/03

Date

850 222-2033

Daytime Phone #

Cynthia B. Burch, EXECUTIVE DIRECTOR

CR2E081 (10/02)