

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 24 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO30000001137**

1. Corporation Name

Ebony Awakening, Inc.

2. Principal Office Address
601 Cleveland St

3. Mailing Office Address
411 Cleveland St

Suite, Apt. #, etc.
300

Suite, Apt. #, etc.
295

City & State
Clearwater, FL

City & State
Clearwater, FL

Zip
33755

Country
USA

Zip
33755

Country
USA

REINSTATEMENT

04-086

4. Date Incorporated or Qualified
To Do Business in Florida **January 31, 2003**

5. FFL Number
85-0487651

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
Karen Best

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

Suite, Apt. #, Etc.
300

City
Clearwater

500073757235

05/02/06 01063 016 **367.50

State
FL

Zip Code
33755

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

Karen Best

REGISTERED AGENT MUST SIGN

Date

3/20/2006

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
C/P/D	Stephanie Hamilton	601 Cleveland St	Clearwater, FL 33755
S/T/D	Karen Best	601 Cleveland St	Clearwater, FL 33755
D	Milton James	601 Cleveland St	Clearwater, FL 33755
Chairman Emeritus	Amanda Ambrose	601 Cleveland St	Clearwater, FL 33755

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:

Stephanie Hamilton

Stephanie Hamilton

3/20/06

727-466-9706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K. Eckel MAR 29 2006