

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 26 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N030 00003379**

1. Corporation Name

**Florida Coalition on Black
Civic Participation, Inc.**

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

3504 Sable Palm Ln. P.O. Box 954

Suite, Apt. #, etc.

B

3. Mailing Office Address

3504 Sable Palm Ln. P.O. Box 954

Suite, Apt. #, etc.

Titusville, FL

City & State

Titusville, FL

City & State

Titusville, FL

Zip

32780 U.S.

Country

Zip

32781 U.S.

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/17/2003

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

Salandra Benton-Hanna

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

3504 Sable Palm Ln

Suite, Apt. #, Etc.

B

City

Titusville

State

FL

Zip Code

32780

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/20/10

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/D	Salandra Benton Hanna	3504 Sable Palm Ln.	Titusville, FL 32780
V/D	Alberta Clinkscles	2032 NOTTINGHAM Rd.	Melbourne, FL 32935
T/D	Yolanda Parker Jackson	1257 Shady Pine Ln.	Titusville, FL 32796
S/D	Janice Coakley	19681 N.W. 33rd Ave	Miami Gardens, FL 33052
D	Darryl Payne	440 N.W. Sistrunk Blvd.	Fort Lauderdale, FL 33311
D	# Vivienne Dion-Shim	8775 N.W. 36th St	Fort Lauderdale, FL 33351

10. E-mail Address: **ACLINKScales@CFL.RR.COM**

(To be used for future annual report notification)

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. I further certify, 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] **ALBERTA CLINKSCALES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/22/10

Daytime Phone #

321-1614

**Corporation Reinstatement
(Attachment)**

Document # N03000003379

Question 9 (continued):

Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporation must list at least 3 directors)

Titles	Name of Each Directors	Street Address of Each Director	City / State / Zip
D	Sheena McCleary	450 Godwin St.	Oviedo, Fl. 32765
D	Denise Diaz	808 Highland Ave. Apt. 8	Orlando, Fl. 32803
D	Charlotte Gilliam-Isaac		