

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

18 APR 17 AM 4:12

**DOCUMENT # N03000007936**

1. Corporation Name

**Palm Beach County Caucus of Black Elected Officials, Inc.**

700312130547  
04/17/18--01006--003 \*\*400.00

2. Principal Office Address - No P.O. Box #  
**1617 Boardman Avenue**

3. Mailing Office Address  
**1617 Boardman Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**West Palm Beach, FL**

City & State  
**West Palm Beach, FL**

Zip Country  
**33407 Palm Beach**

Zip Country  
**33407 Palm Beach** September 10, 2003

4. Date Incorporated or Qualified  
To Do Business in Florida **September 10, 2003**

5. FEI Number **54-2126793** ☐ 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  
**Addie L. Greene**

Street Address (P.O. Box Number is Not Acceptable)  
**1617 Boardman Avenue**

Suite, Apt. #, Etc.

City  
**West Palm Beach**

State Zip Code  
**FL 33407**

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 *Addie L. Greene*  
REGISTERED AGENT MUST SIGN

Date **April 11, 2018**

**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	Kashamba Anderson	PO Box 11243	Riviera Beach, FL 33404
S	Jean Enright	1130 Singer Drive	Riviera Beach, FL 33404
C	Omari Hardy	2228 Lake Worth Rd, #308	Lake Worth, FL 33461
C	Remar Harvin	5446 Club Circle	Haverhill, FL 33415
T	Mack McCray	806 Northwest 4th Street	Boynton Beach, FL 33435
VP	Debra Robinson	1914 - 37th Street	West Palm Beach, FL 33407

10. E-mail Address: acomnish7@att.net

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE *Addie L. Greene*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 11, 2018 561-845-0847**

Date

Daytime Phone #

265

## **ATTACHMENT**

### **THE REMAINING NAMES OF BOARD MEMBERS**

7. Councilperson Earl Smith  
1624 Crandon Avenue  
Mangonia Park, Florida 33407
8. Commissioner Corey Neering  
PO Box 3366  
West Palm Beach, Florida 33403
9. Mayor Steve Wilson  
Dr. Martin Luther King, Jr. Blvd.  
Belle Glade, Florida 33430