

**CORPORATION
REINSTATEMENT**



FILED

07 DEC 28 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 002E081 (1/07)
4. Date Incorporated or Qualified

07

4. Date Incorporated or Qualified To Do Business in Florida

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 Supt. J. Dominic Franklin III

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

Suite, Apt. #, Etc.

| | | |
|------|--------------------|--------------------------|
| City | State FL | Zip Code 32301 |
|------|--------------------|--------------------------|

☒ 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 2280

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 |
|--------|--------------------------------------|---|-----------------------|
| PD | J. Dominic Franklin III | 1407 Wekiva Nene | Tallahassee FL 32301 |
| VD | Michael Moore, JD | 2635 S. Adams St. | Tallahassee FL 32301 |
| D | Raymond Wilson | 2635 S. Adams St. | Tallahassee, FL 32301 |
| D | Stella Stallworth | 1012 Paul Russell Rd | Tallahassee, FL 32301 |
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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

Date _____

Daytime Phone #