

**CORPORATION  
REINSTATEMENT**



FILED

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida Feb. 28<sup>th</sup> 1981

|               |                |
|---------------|----------------|
| 5. FEI Number | Applied For    |
| 59251148      | Not Applicable |

6. CERTIFICATE OF STATUS DESIRED ☐ \$5.75 Additional Fee required for a Certificate of Status

☒ 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 Willie Lee Stallworth Date 03/05/2007  
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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip            |
|--------|--------------------------------------|---|-------------------------------|
| PD     | WILLIE L. STALLWORTH                 | 10356 S.W 16 <sup>th</sup> ST                     | Pembroke Pines, FL 33025      |
| SD     | MARJORIE M. STALLWORTH               | 10356 S.W 16 <sup>th</sup> ST                     | Pembroke Pines, FL 33024      |
| D      | BARBARA A. DEAN                      | 2301 N.W 95 <sup>th</sup> ST                      | MIAMI, FL 33147               |
|        |                                      |   | 200095805338                  |
|        | 03/30                                |   | 04/04/07--01039--009 **183.75 |
|        |                                      |   |                               |

**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: Willie Lee Stallworth 03/05/2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #