

- PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAR -3 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# NO 60000004232

1. Corporation Name

ARCHER CULTURAL PROGRESSIVE
ORGANIZATION, INC

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

16816 SW 103 AVE

3. Mailing Office Address

P.O BOX 43

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ARCHER FL

City & State

ARCHER FL

Zip

32618

Country

U.S.A

Zip

32618

Country

U.S.A.

700196731627
03/03/11--01033--020 **297.50

REINSTATEMENT 10-11

4. Date Incorporated or Qualified
To Do Business In Florida

April 18, 2006

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

JESSIE MOSES JR

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

16816 SW 103 AVE

Suite, Apt. #, Etc.

City

ARCHER

State

FL

Zip Code

32618

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

Jessie Moses Jr

Date

3-1-11

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
D	Jessie Moses Jr	16816 SW 103 AVE	ARCHER, FL 32618
D	Rosa Robinson	15416 SW 175 AVE	ARCHER, FL 32618
D	Barbara Boykin	P.O. Box 1052	ARCHER, FL 32618
D	Clora Nubin	16721 SW 95 AVE	ARCHER, FL 32618
D	John Majors	13565 Pearson ST	ARCHER, FL 32618
D	Carrie Moses	13309 SW 143 AVE	ARCHER, FL 32618

10. E-mail Address: jcmosesjr@hotmail.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., 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: Jessie Moses Jr, JESSIE MOSES JR

3-1-11 352-3182492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/450