PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT	s	DEPART secretary	of St		09	FILED 9 DEC -7 PM 3: 38	
DOCUMENT # NO700006852 1. Corporation Name						S TA	ECRETARY OF STATE LLAMASSEE FLORIDA	
Rochelle Kathleen Lakeland Minority Class Of 1971 Inc.								
						 4∩	0163365764	
1409 Alameda Drive South 501 Ha						400163365764 12/07/09=01016=7018 ***70.00 REINSTA: CRZEGET (11/09)		
Suite, Apt. #, etc. Suite, Apt #			94				orated or Qualified ness in Florida July 12, 2007	
City & State City & State Lakeland Florida Lakel			and Florida			5. FEI Numbe	Applied For	
Zip	Country	Zip		Count	гу	61-15352 6. CERTIFICATE	\$8.75 Additional Fee required	
33805 USA 33815 USA 7. Name and Address of Current Registered Agent					CERTIFICATE	tor a Certificate of Status		
Name Theodis Preston					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			
Street Address (P.O. Box Number is Not Acceptable)								
1409 Alameda Drive South Suite, 'Apt. #, Etc.								
City Lakeland				State Zip Code FL 33805			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 The solice Tubelon					<u> </u>	Date 11/24/2009		
REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
7. Names	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			1	City / State / Zip	
Р	Theodis Presto	1409 Alameda Driv			e South	Lakeland Florida 33805		
V	George Edwards Jr.			1221 Evergreen Drive Lakeland Florida 33805				
S_	Nita McGee		501 Hartsell Avenue			Apt #94	Lakeland Florida 33815	
Τ	Patsy McRae		2330 Cheshire		Place	Lakeland Florida 33810		
SA	Samuel Thompson		1307 Alameda Driv		ve North	Lakeland Florida 33805		
C 38 m.								
10. E-mail Address: nitamcgee@yahoo.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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Description 17.0401, F.S. I further certify that when filling. The corporation has been eliminated, the corporation as provided for in chapter 607 or 617, F.S. I further certify that when filling. The corporation has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that all fees over the corporation have been paid. I further certify that when filling. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Description 11.124/2009 (863)797-9822								

12/20)