## PLEASE READ ALL INSTRUCTIONS REFORE COMPLETING THIS FORM

2. Principal Office Address - No P O. Box # 122.50  1629 NW 4th Street P.O. Box 171  Suite, Apt. #, etc  Suite 101  City & State  City & State  Coy & State  Coy & State  Country  34475  VS  7. Name and Address of Current Registered Agent  Name  Ire J. Bethea  Size Apt. #, etc  City & State  Coy Coala,  B. I. Deing appointed the registered signet of the above named corporation, am familiar with and accept the obligations of section 607.055 or 617.0503, F.S.  Signature of Registered Agent  Figure and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Ire J. Bethea Sr.  29. Names and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Figure April President  Ire J. Bethea Sr.  20 Coala,  Signature of Registered Agent Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Figure and Street Address of Each Officer and/or Director Officer and/or Director  City / State / Zip  City / S		T ELAGE NEAD /	ALL IIIO	10010101	EI OILE	/OIVIF LL I I =	ING THIS FORIVI.		
Applied For None  TALLAHAS SULT TO BOX 171  Applied For None  Sulte Apt 8 and Country  2 proceed office Address - No P.O. Box 8  Sulte Apt 8 and Coy 8 State  Ocala, FI  Ocala, FI  Ocala, FI  Or 8 State  Ocala, FI  Ocala  Ocala, FI  O		5 12 2 12 2 12 2 12 12 12 12 12 12 12 12	S	Secretary of State	•		12 JAN 10 PM 4:		
MARION COUNTY'S DR. MARTIN LUTHER KING, JR. COMMEMORATIVE COMMISSION, INC.  2. Principal Office Address - No P O Sox # 1629 NW 4th Street P.O. Box 171  Suite April # etc.  3. Mailing Office Address - No P O Sox # 1629 NW 4th Street P.O. Box 171  CR2 Suite 101  CR2 Suite Cr2 # Suite P.O. Box 171  CR2 Country Suite Cr2 # Suite P.O. Box 171  CR2 Country Suite P.O. Box Hornor To Coala, Fl Do Business in Prortal 12-5-2007  3. Fell vamber None P.O. Box Hornor To Coala, Fl Do Business in Prortal 12-5-2007  3. Fell vamber None P.O. Box Hornor To Coala, Fl Do Business in Prortal 12-5-2007  3. Fell vamber None P.O. Box Hornor To Coala, Fl Do Business in Prortal 12-5-2007  3. Fell vamber None P.O. Box Hornor To Coala, Fl Do Business in Prortal 12-5-2007  3. Fell vamber None P.O. Box Hornor To Coala, Fl Do Business in Prortal 12-5-2007  3. Fell vamber None P.O. Box Hornor To Coala, Fl Do Business in Prortal 12-5-2007  3. Fell vamber None P.O. Box Hornor To Coala, Fl Do Business in Prortal 12-5-2007  3. Fell vamber None P.O. Box Hornor To Coala, Fl Do Business in Prortal 12-5-2007  3. Fell vamber None P.O. Box Hornor To Coala, Fl Do Business in Prortal 12-5-2007  3. Fell vamber None P.O. Box Hornor To Coala, Fl Do Business in Prortal 12-5-2007  3. Fell vamber None P.O. Box Hornor To Coala, Fl Do Business in Prortal 12-5-2007  3. Fell vamber None P.O. Box Hornor To Coala, Fl Do Business in Prortal 12-2-11  3. Fell vamber None P.O. Box Hornor To Coala, Fl Do Business in Prortal 12-5-2007  3. Fell vamber None P.O. Box Hornor To Coala, Fl Do Business in Prortal 12-5-2007  3. Fell vamber P.O. Box Hornor To Coala, Fl Do Business in Provide P.O. Box Hornor To Coala, Fl Do Business in Provide P.O. Box Hornor To Coala, Fl Do Business in Provide P.O. Box Hornor To Coala, Fl Do Business in Provide P.O. Box Hornor To Coala, Fl Do Business in Provide P.O. Box Hornor To Coala, Fl Do Business in Provide P. S. Hornor To Coala, Fl Do Business in Provide P. S. Hornor To Coala, Fl Do Business in Provide P. S. Hornor To Coala, Fl Do Business i						SECRETART OF STATE TALLAHASSEE, FLORIDA			
3. Mailing Office Address   1629 NW 4th Street   2.0 Box # 171	MARION COUNTY'S DR. MARTIN LUTHER KING, JR. COMMEMORATIVE COMMISSION, INC.					İ			
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Suite 101  Suite 101  Suite 101  City & State  Ocala, FI  Ocala, FI  Country 34475  US  Country 34476  Country 344775  Country 344775  Country 344778  Country 344778  Country 344775  Country 344778  Country 344775  Country	•		_			V.,	NIE OLOGE OGG	**144*	
Suite 101  City A State OCalla, FI  OCalla, FI  US  34478  US  Country 34475  US  34478  US  Country 34475  OCalla, FI  Name and Address of Current Registered Agent  Name Ire J. Bethea  Sinet Address of Current Registered Agent  Name Ire J. Bethea  Sinet Address of Current Registered Agent  Name Ire J. Bethea  Sinet Address (P.O. Box Number is Not Acceptable)  State Address (P.O. Box Number is Not Acceptable)		Street				CP2F081 (11/10)			
City & State OCala, FI OCALATICATE OF STATUS DESIRED  Street Addross (P.O. Box Number is Not Acceptable)  2557 NW 27th Ave OCala, FI OCALATICATE OF STATUS DESIRED  Street Addross (P.O. Box Number is Not Acceptable)  100215111561 12/12/11-01054-002  ***358.75  City OCala, FI OCALATICATE OF STATUS DESIRED  Street Addross (P.O. Box Number is Not Acceptable)  100215111561 12/12/11-01054-002  ***358.75  City OCala, FI OCALATICATE OF STATUS DESIRED  Street Addross (P.O. Box Number is Not Acceptable)  100215111561 12/12/11-01054-002  ***358.75  City OCala, FI OCALATICATE OF STATUS DESIRED  100215111561 12/12/11-01054-002  ***358.75  12/12/11-01054-002  ***358.75  City OCala, FI OCALATICATE OF STATUS DESIRED  110215111561 12/12/11-01054-002  ***358.75  City OCala, FI OCALATICATE OF STATUS DESIRED  110215111561 12/12/11-01054-002  ***358.75  12/12/11-01054-002  ***358.75  City OCALA, FI OCALATICATE OF STATUS DESIRED  110215111561 12/12/11-01054-002  ***358.75  12/12/11-01054-002  ***358.75  City OCALA, FI OCALATICATE OF STATUS DESIRED  110215111561 12/12/11-01054-002  ***358.75  12/12/11-01054-002  ***358.75  12/12/11-01054-002  ***358.75  Date of Country OCALATICATE OF STATUS DESIRED  11021511561 12/12/11-01054-002  ***358.75  12/12/11-01054-002  ***358.75  12/12/11-01054-002  ***358.75  12/12/11-01054-002  ***358.75  12/12/11-01054-002  ***358.75  12/12/11-01054-002  ***358.75  City OCALATICATE OF STATUS DESIRED  11021511561 12/12/11-01054-002  ***358.75  12/12/11-01054-002  ***358.75  12/12/11-01054-002  ***358.75  12/12/11-01054-002  ***358.75  12/12/11-01054-002  ***358.75  12/12/11-01054-002  ***358.75  12/12/11-01054-002  ***358.75  12/12/11-01054-002  ***358.75  12/12/11-01054-002  ***358.75  12/12/11-01054-002  ***35	• •	l	Suite Apt. #. 6	etc.		4. Date Incorporated or Qualified			
Ocala, FI Ocala,						To Do Business in Florida 12-5-2007			
Note   State	<u></u>		l _			Name - Applied - Of			
7. Name and Address of Current Registered Agent  Name   Ire J. Bethea	<del></del>								
Name Ire J. Bethea  Street Address (P O. Box Number is Not Acceptable)  2657 NW 27th Ave  Suite, Apt. #, Etc.  City Ocala,  1. Leting 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  President Ire J. Bethea Sr.  2657 NW 27th Ave  Ocala, FI 34475  President Ire J. Bethea Sr.  2657 NW 27th Ave  Ocala, FI 34475  Luzonia Waters  13676 NW 52Ct Rd  Reddick, FI 32686  Name of Officers and/or Directors  Name of Officer and/or Director Street Address of Each Officer and/or Director Street Address of Each Officer and/or Director Street Address of Each Officer and/or Director Crky / State / Zip  President Ire J. Bethea Sr.  2657 NW 27th Ave  Ocala, FI 34475  Vice President  Name of Officer and/or Director Street Address of Each Officer and/or Director Crky / State / Zip  President  Ire J. Bethea Sr.  2657 NW 27th Ave  Ocala, FI 34475  Treasurer  Sharon Richardson  3363 NE 32nd Ave  Ocala, FI 34475  Treasurer Sharon Richardson  3363 NE 32nd Ave  Ocala, FI 34479  REINSTANDIVIDENT OF 12 To The President State of State of Total President Stat	34475	US	34478	US		CERTIFICATI	E OF STATUS DESIRED   S8./5 for	Additional Fee required a Certificate of Status	
Treasurer Sharon Richardson 3363 NE 32nd Ave Ocala, FI 34475  Treasurer Sharon Richardson 3363 NE 32nd Ave Ocala, FI 34475  Treasurer Sharon Richardson 3363 NE 32nd Ave Ocala, FI 34479  Treasurer Sharon Richardson 3363 NE 32nd Ave Ocala, FI 34479  REINSTARD FOR State Provided the respect of the season for dissolution has been eliminated, the corporate name publication as provided for in septe 50° of 57° 401°, F.S., and that all less over the proposate page selection set for section section for 100°, and that all less over the special series of section for 100°, and the selection for 100°, and 100° a	7. Name and Address of Current Registered Agent						<del></del>		
Street Address (P.O. Box Number is Not Acceptable) 2657 NW 27th Ave  Suite, Apt. #, Etc.  City Ocala,  B. 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  President Ire J. Bethea Sr.  2657 NW 27th Ave  Ocala, FI 34475  Treasurer Sharon Richardson  3363 NE 32nd Ave  Ocala, FI 34475  Treasurer Sharon Richardson  To be used for future annual report notification, the reason for dissolution has been eliminated, the corporate name satisfies the registerion of sprouded for in sapple 607 of 617,051, FS, and that all terms of the proposation in the analysis of the proposation in the association, the reason for dissolution has been eliminated, the corporate name satisfies the requirement of section 607,001 of 617,001, FS, and that all terms of the proposation is the and accept the obligations of section 607,0505 or 617,0503, F.S.  Signature of Registered Agent  President Ire J. Bethea Sr.  2657 NW 27th Ave  Ocala, FI 34475  City President  City State / Zip  City State	Ire J. Bethea								
City Ocala,  8. I. being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of section 607 0505 or 617 0503, F.S.  Signature of Registered Agent  FAGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  City / State / Zip  City / State / Zip  President  Ire J. Bethea Sr.  2657 NW 27th Ave  Ocala, FI 34475  President  Luzonia Waters  13676 NW 52Ct Rd  Reddick, FI 32686  Secretary  Narvella Haynes  1405 NW 19th Court  Ocala, FI 34475  Treasurer Sharon Richardson  363 NE 32nd Ave  Ocala, FI 34479  REINST A Livi City County (Color of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617 F.S. Hurther cently, the information indication)  11. Leerthy 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. Hurther cently, that a lam and under oath. I am aware that flights information in formation in formation indication in the equiverents of section 607,0401 or 617 0401, F.S., and that all flees or the depression is true and corporation have the same legic effect as if made under oath. I am aware that flights information indocument to the Department of State constitutes a third degree fellony as provided for in sprovided for in 517 155, F.S.  120.41 355-386-5517						1 .	ر ہے جہ جہ سبن جہ پسریست		
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Secretary Narvella Haynes  1. Design approach  1. Design and Street Address: Ibethea 2008@cox. net  (To be used for Nuture sinual report notification)  (To be used for Nuture	Suite, Apt. #, Etc.					ł	<b>-</b> / <b>-</b>	<u>-</u>	
Signature of Registered Agent  FGISTERED 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  Name of Officer and/or Director  Ocala, FI 34475  Luzonia Waters  13676 NW 52Ct Rd Reddick, FI 32686  Secretary  Narvella Haynes  1405 NW 19th Court  Ocala, FI 34475  Treasurer Sharon Richardson  3363 NE 32nd Ave  Ocala, FI 34479  REINSTANDING  Ocala, FI 34475  Ocala						i ;			
President Ire J. Bethea Sr. 2657 NW 27th Ave Ocala, FI 34475  President Ire J. Bethea Sr. 2657 NW 27th Ave Ocala, FI 34475  Secretary Narvella Haynes 1405 NW 19th Court Ocala, FI 34475  Treasurer Sharon Richardson 3363 NE 32nd Ave Ocala, FI 34479  REINSTATION Ocala, FI 34479  REINSTATION Ocala, FI 34479  (To be used for future annual report notification)	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.								
Titles Name of Officers and/or Directors    Name of Officers and/or Directors	Registered Agent								
Titles Name of Officers and/or Directors    Name of Officers and/or Directors									
Narvella Haynes  13676 NW 52Ct Rd Reddick, FI 32686  Secretary Narvella Haynes  1405 NW 19th Court Ocala, FI 34475  Treasurer Sharon Richardson  3363 NE 32nd Ave Ocala, FI 34479  REINSTAIL VI CIVIT DS 12 DS 12 DS 14 DS 12 DS 14 DS 15 DS 15 DS 16 DS 17		Name of		Street Address of Each			City / State / Zip		
Narvella Haynes  1405 NW 19th Court  Ocala, FI 34475  Treasurer Sharon Richardson  REINSTAILVILLI  To be used for future annual report notification)  To be used for future annual report notification  Teinstatement 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 817.155, F.S.  SIGNATURE:	President Ire J. Bethea Sr.			2657 NW 27th Ave		е	Ocala, FI 34475		
Treasurer Sharon Richardson  3363 NE 32nd Ave  Ocala, Fl 34479  REINSTAIL VICTOR (To be used for future annual report notification)  (To be used for future annual report notification)  (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 fellony as provided for in s 817, 155, F.S.  SIGNATURE:  3363 NE 32nd Ave  Ocala, Fl 34479  (To be used for future annual report notification)  (To be used for future annual report notification)  (To be used for future annual report notification)	Luzonia Waters			13676 NW 52Ct Rd		t Rd	Reddick, FI 32686		
10. E-mail Address:   Ibethea2008@cox. net   (To be used for future annual report notification)   11. 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 a 817 155, F.S.	Secretary Narve	Narvella Haynes			1405 NW 19th Court		Ocala, FI 34475		
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									