

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07000011697

1. Corporation Name

MARION COUNTY'S DR. MARTIN LUTHER KING, JR. COMMEMORATIVE COMMISSION, INC.

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

1629 NW 4th Street

3. Mailing Office Address

P.O. Box 171

Suite, Apt. #, etc

Suite 101

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34475

Country

US

Zip

34478

Country

US

7. Name and Address of Current Registered Agent

Name

Ire J. Bethea

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

2657 NW 27th Ave

Suite, Apt. #, Etc.

City

Ocala,

State

FL

Zip Code

34475

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

Ire J. Bethea

REGISTERED AGENT MUST SIGN

Date 12-2-11

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
President	Ire J. Bethea Sr.	2657 NW 27th Ave	Ocala, FL 34475
Vice President	Luzonia Waters	13676 NW 52Ct Rd	Reddick, FL 32686
Secretary	Narvella Haynes	1405 NW 19th Court	Ocala, FL 34475
Treasurer	Sharon Richardson	3363 NE 32nd Ave	Ocala, FL 34479

REINSTATEMENT 08-12-11

1/10/12

10. E-mail Address: lbethea2008@cox.net

(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:

Ire J. Bethea

IRE J. BETHEA

12-2-11 352-368-5517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
12 JAN 10 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100215111661
01/10/12--01002--005 **122.50

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 12-5-2007

5. FEI Number

None

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

100215111661
12/12/11--01054--002 **358.75