

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 1708000003709

1. Corporation Name

*Kinshasa Taylor Foundation, Inc.*  
*A Not-For-Profit Corporation*

09-10  
**REINSTATEMENT**

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

*1763 NW 74th Street*

3. Mailing Office Address

*1763 NW 74th Street*

Suite, Apt. #, etc.

*N/A*

Suite, Apt. #, etc.

*N/A*

City & State

*Miami, FL*

City & State

*Miami, FL*

Zip

*33147*

Country

*USA*

Zip

*33147*

Country

*USA*

300180988453

05/17/10--01060--023 \*\*122.50

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

*April 16, 2008*

5. FEI Number

*26-2467414*

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

*Tallulah T. Johnson*

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

*1763 NW 74th Street*

Suite, Apt. #, Etc.

*N/A*

City

*Miami*

State

*FL*

Zip Code

*33147*

☒ 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.

300180988453

07/20/10--01066--001 \*\*175.00

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date *04/19/2010*

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              |
|--------|--------------------------------------|---------------------------------------------------|---------------------------------|
| P      | <i>Tallulah T. Johnson</i>           | <i>1763 N.W. 74th Street</i>                      | <i>Miami, Florida 33147</i>     |
| V      | <i>Kathryn H. Hepburn</i>            | <i>1340 NW 95 Street, Apt. 231</i>                | <i>Miami, Florida 33147</i>     |
| S      | <i>Jameica Taylor</i>                | <i>1428 NW 51 Terrace</i>                         | <i>Miami, Florida 33142</i>     |
| T      | <i>Shanita Gilbert</i>               | <i>2778 NW. 131 Street</i>                        | <i>Opa Locke, Florida 33054</i> |
| T      | <i>Belinda Bractley</i>              | <i>3920 S.W. 59 Terrace</i>                       | <i>Hollywood, Florida 33023</i> |

10. E-mail Address: *Kt.foundation@bellsouth.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., 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

*04/19/2010 305.505-3145*

Date

Daytime Phone #