

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 DEC 27 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **11000008460**

1. Corporation Name

**Black Educators Caucus
OF Palm Beach County Inc**

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

401 N. Rosemary Avenue

3. Mailing Office Address

same

Suite, Apt. #, etc.

#C

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Zip

33401

Country

USA

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
9-7-10

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED
yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ronald Leonard

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

401 N. Rosemary Avenue

Suite, Apt. #, Etc.

#C

City

West Palm Beach

State

FL

Zip Code

33401

300243082873
12/27/12--01016--017 **236.25

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

Ronald Leonard

Date **12/26/12**

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
P	Ronald Leonard	401 N. Rosemary Avenue #C	West Palm Beach, FL 33401
VP	Tracy Harrell	401 N. Rosemary Avenue #C	West Palm Beach, FL 33401
T	Vincent Carruthers III	401 N. Rosemary Avenue #C	West Palm Beach, FL 33401
S	Curtis Sherrod	401 N. Rosemary Avenue #C	West Palm Beach, FL 33401

10. E-mail Address: **jodie@citysidesuites.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

Ronald Leonard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/12

561-209-2770

Date

Daytime Phone #