

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N12058**

1. Corporation Name

Tallahassee Harambee Arts & Cultural Heritage Council, Inc.

Principal Place of Business

**2314 Atapha Nene
Tallahassee, FL 32301-5858**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

N/A

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

November 13, 1985

5. FEI Number

31-1611964

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D Pres.	Beverly A. Barber	2314 Atapha Nene	Tallahassee, FL 32301
D V.P.	Mae Bell Carr	2115 Rose	Tallahassee, FL 32310
D C. Sec	Brenda Hawkins	1014 Silver Ridge Dr.	Tallahassee, FL 32310
D R. Sec	Eluster Richardson	7056 Bradfordville Rd.	Tallahassee, FL 32308
D Treas.	Theresa Shotwell	2110 Pink Flamingo LN	Tallahassee, FL 32308

8. Name and Address of Current Registered Agent

**Beverly A. Barber
2314 Atapha Nene
Tallahassee, FL 32301**

9. Name and Address of New Registered Agent

Name

N/A

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Beverly A. Barber

REGISTERED AGENT MUST SIGN

Date

May 3, 1999

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(j), F.S. 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:

Beverly A. Barber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 3, 1999

Date

(850) 877-5623

Daytime Phone #

FILED
99 MAY 10 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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