

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

17 JUN 16 AM 9:59

DOCUMENT # N1500006597

1. Corporation Name

REFS (Restituting Extended Family
Structure) Event Planning Corp

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

3961 Calle De Santos Rd

Suite, Apt. #, etc.

3. Mailing Office Address

P O Box 5085

Suite, Apt. #, etc.

City & State

Talla, FL

City & State

Talla, FL

Zip

32311

7. Name and Address of Current Registered Agent

Name

Cornelius A Floyd

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

3961 Calle De Santos Rd

Suite, Apt. #, Etc.

City

Talla

State

FL

Zip Code

32311

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

Cornelius A Floyd

REGISTERED AGENT MUST SIGN

Date 6/14/17

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
Pres	Cornelius A Floyd	3961 Calle De Santos Rd	Talla, FL 32311
VP	Tamika D. Floyd	266 OAKVIEW Dr	Talla, FL 32305
Secy	Nitz Young	1080 S. Forest Ave	Detroit, MI 48207
2nd VP	Helen Arnold	1518 Hernando Dr	Talla, FL 32305
REINSTATEMENT		TCH	

10. E-mail Address: CFloydLucas@gmail.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 § 817.155, F.S.

SIGNATURE: Cornelius A Floyd Cornelius A Floyd 6/14/17 878-5625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #