

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -2 AM 10:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N20643

1. Corporation Name

OPA-LOCKA RESCUE MISSION, INC.

Principal Place of Business

4450 NW 135 STREET
OPA-LOCKA FL 33054
US

Mailing Address

P.O. BOX 54-1491
OPA-LOCKA FL 33054
US



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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
1101 Dunad Ave.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/1987

5. FEI Number

59-2807415

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	TYDUS, ROSE	1101 DUNAD AVE	OPA LOCKA FL 33054
D	DARITY, ROXIE	970 NE 113 STREET	BISCAYNE PARK FL
D	GARVIN, JOSHUA M	1201 NW 87TH ST	MIAMI FL
D	WATSON, TOMMY	19900 S.W. 260 ST.	HOMESTEAD FL 33031
			400025159104 12/02/03--01041--004 **245.00

8. Name and Address of Current Registered Agent

TYDUS, ROSE
1101 DUNAD AVE
OPA-LOCKA FL 33054

9. Name and Address of New Registered Agent

Name

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/25/03

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

SIGNATURE REQUIRED
Rose Tydus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/03
Date

305-687-6580
Daytime Phone #

CR2E040 (7/03)