

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -2 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22019

1. Corporation Name

FLORIDA ASSOCIATION OF MINORITY BUSINESS ENTERPRISE OFFICIALS, INC.

Principal Place of Business

601 E. KENNEDY BLVD
24TH FLOOR
TAMPA FL 33601
US

Mailing Address

PO BOX 1110
TAMPA FL 33601
US

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/13/1987

5. FEI Number

65-0096981

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



600009520226

12/16/02--01036--018 **\$1.25

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 | 4 City, State, Zip |
|---------------|---|--|-----------------------|
| D | BARR, JACQUELINE D | 525 S MAGNOLIA AVE | ORLANDO FL 32801 |
| T | CORDERO, JOSE A | 102 E 7TH AVE | TAMPA FL 33602 |
| D | SMITH, JEFFRIE H. | 400 S. ORANGE AVE. | ORLANDO FL |
| T | MCCOY, HARRY | 601 E KENNEDY BLVD | TAMPA FL 33601 |
| T | FITZHUGH LONG, ANN | 400 E SOUTH ST 2ND FLOOR | ORLANDO FL 32801 |
| | | | |

8. Name and Address of Current Registered Agent

MCCOY, HARRY
601 E KENNEDY BLVD
TAMPA FL 33601

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 of Harry McCoy
REGISTERED AGENT MUST SIGN

Date

11/26/02

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 of Harry McCoy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/26/02

Daytime Phone #

813
276-2729

CR2E040 (8/02)