

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 7 AM 8 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N22871**

1. Corporation Name

Minority Law Enforcement Council, Inc.

2. Principal Office Address

1106 South Mangonia Circle

Suite, Apt. #, etc.

City & State

West Palm Beach, Florida

Zip

33401

Country

United States

3. Mailing Office Address

P.O. Box 21652

Suite, Apt. #, etc.

City & State

West Palm Beach, Florida

Zip

33416

Country

United States

**4. Date Incorporated or Qualified
To Do Business in Florida**

1987

5. FEI Number

65-0076140

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Attorney V. Lynn Whitfield

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

1700 Palm Beach Lakes Blvd.

Suite, Apt. #, Etc.

City

West Palm Beach

State
FL

Zip Code
33401

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

V. Lynn Whitfield

REGISTERED AGENT MUST SIGN

Date **January 6, 2004**

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.	Beverly Elliott-Morrison	1106 South Mangonia Circle	West Palm Beach, Florida 33401
Treas.	Charley B. Napier	2622 Monaco Terrace	Palm Beach Gardens, Florida 33410
Bus Man	Pembroke Burrows	4000 Waverly Drive	West Palm Beach, Florida 33407

REINSTATEMENT 01-04 TS

10. 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:

Beverly E. Morrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-6-04

Daytime Phone #

(561) 310 4946

1-5-04

Dear Sir:

I am sending this renewal application in at this time. However I have been informed that our Corporation has expired. We were not noticed that we were expiring in 2001. Shall you please your assistance in this matter.

Please fax copy of Certificate to (501) 804-9268

Bryant Elliott - Morrison
President