

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** *N 24608*

1. Corporation Name

**Palm Beach Association of Black Journalists, Inc.**

Principal Place of Business

Mailing Address

**P.O. Box 8096  
West Palm Beach, FL  
33407**

**P.O. Box 8096  
West Palm Beach, FL  
33407**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**2/1/88**

5. FEI Number

**65-0231904**

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
PD	Elisa S. Cramer	307 Island Shores Drive	West Palm Beach, FL 33413
VD	Mary Anita Browne	426 Cypress Drive	Lake Park, FL 33403
TD	Jounice L. Nealy	1560 Sixth Street	West Palm Beach, FL 33401
SD	C.B. Hanif	213 Wedgewood Plaza	Riviera Beach, FL 33404
D	C. Michael Forsythe	1211 Meadows Circle	Lantana, FL 33402
			100002124781--1 -03/26/97--01088--006 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

**Jounice L. Nealy  
1560 Sixth Street  
West Palm Beach, FL 33401**

9. Name and Address of New Registered Agent

Name **Elisa S. Cramer**  
Street Address (P.O. Box Number is Not Acceptable)  
**307 Island Shores Drive**  
Suite, Apt. #, Etc. **100002124781--1**  
-03/26/97--01088--007  
City **West Palm Beach** **FL 33413** **\*\*\*\*\*8.75**

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

*Elisa S. Cramer*  
REGISTERED AGENT MUST SIGN

Date **3/15/97**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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:

*Elisa S. Cramer* **Elisa S. Cramer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/15/97**

(561) 820-4701

Date

Daytime Phone #

CP2E040 (12/96)

**FILED**

**97 MAR 24 AM 7:42**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** *96497*

*MWB*