

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

**2012-2014**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

14 DEC 30 AM 8:05

ALL APASSIST.FLORIDA

DOCUMENT # **N27763**

1. Corporation Name  
**Virgil Hawkins Bar Association, Inc.**

2. Principal Office Address - No P.O. Box #  
**415 E MAIN ST**

Suite, Apt. #, etc.  
**206**

City & State  
**Bartow, FL**

Zip Country  
**33830 USA**

3. Mailing Office Address  
**P.O. Box 1598**

Suite, Apt. #, etc.

City & State  
**Bartow, FL**

Zip Country  
**33831 USA**

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida  
**Aug 5, 1988**

5. FEI Number  
**593725721**

6. CERTIFICATE OF STATUS DESIRED **\$8.75** Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
**Karen I. Meeks**

Street Address (P.O. Box Number is Not Acceptable)  
**415 E. MAIN ST**

Suite, Apt. #, Etc.  
**Bartow, 1**

City State Zip Code  
**Bartow, FL 33830**

**500267821315**  
12/29/14--01037--003 \*\*\$58.75

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 **Karen D. Meeks** Date **11/21/14**  
REGISTERED AGENT MUST SIGN

**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
P	Stacy Robinson Nickerson	P.O. Box 583	Lakeland, FL 33802
VP	Nicholas Merriweather	9204 King Palm Drive	Tampa, FL
T.S	Andrele Brutus	1005 E. Memorial Blvd	Lakeland, FL 33801

10. E-mail Address: **polkvhba@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 s.817.155, F.S.

SIGNATURE: **Karen D. Meeks** Date **11/21/14** 863 534 8300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

**STACY ROBINSON NICKERSON** 12/9/14 321.279.3368  
President