

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 20 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27763

1. Corporation Name

VIRGIL HAWKINS BAR ASSOCIATION, INC.

2. Principal Office Address

175 5TH STREET SW

3. Mailing Office Address

P.O. BOX 6495

Suite, Apt. #, etc.

SUITE 205

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL

City & State

LAKELAND, FL

Zip

33880

Country

USA

Zip

33811

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

08/05/1988

5. FEI Number

20-0379073

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

CEDRIC E. LEWIS

REINSTATEMENT 02 + 03

MAD

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

175 5TH STREET, SW

Suite, Apt. #, Etc.

SUITE 205

City

WINTER HAVEN

State

FL

Zip Code

33880

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

REGISTERED AGENT MUST SIGN

Date 10/15/03

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	ARAMIS MALVEAUX	255 N BROADWAY	BARTOW, FL 33830
VP	CASSANDRA DENMARK	455 N BROADWAY AVE.	BARTOW, FL 33830
SEC	REBECCA BARNER	228 N WEBB RD	PLANT CITY, FL 33566
TREAS	WILL GARLAND	225 N BROADWAY	BARTOW, FL 33830
DIR	KAREN I. MEEKS	1125 E MAIN ST	BARTOW, FL 33830
DIR	KEN GLOVER	505 MLK JR. AVE	LAKELAND, FL 33810

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03

Date

863-293-0353

Daytime Phone #

CR2E081 (10/02)