

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 26 PM 3:08

DOCUMENT # **N35312**

1. Corporation Name **National Forum for Black Public Administrators
North Central Florida Chapter**

2. Principal Office Address

P.O. Box 5554

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32627

Country

US

3. Mailing Office Address

P.O. Box 5554

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32627

Country

US

REINSTATEMENT 99-01

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/89

5. FEI Number

59-3074916

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

Jimmie Williams

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

200 E. University Avenue

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32601

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

Jimmie Williams

REGISTERED AGENT MUST SIGN

Date **2/9/01**

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/O	Jimmie Williams	200 E. University Avenue	Gainesville, FL 32601
V/O	Arlene Hampton	200 E. University Avenue	Gainesville, FL 32601
V/D	Ivy Bell	105 W. 2d Avenue	Gainesville, FL 32601
S/T/D	Jacqueline Chung	725 N.E. 1st Street	Gainesville, FL 32602
D	Ruby Moseley	200 E. University Avenue	Gainesville, FL 32601
D	Faylene Welcome	106 E/more Hall	Gainesville, FL 32611

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/01
Date

(352) 334-5051
Daytime Phone #