

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **N38918**

00 OCT 16 PM 1:52

1. Corporation Name

100 BLACK MEN OF BROWARD COUNTY, INC.

Principal Place of Business

701 NW 18TH AVE.
BLDG. C
FT. LAUDERDALE FL 33311

Mailing Address

701 NW 18TH AVE.
BLDG. C
FT. LAUDERDALE FL 33311



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

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-4048036

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP	CHAPMAN, ELLIS	110 NE 3RD STREET	FT. LAUDERDALE FL
CF	BAINE, CARLOS	110 E. ATLANTIC AVE.	DELRAY BEACH FL 33444
DC	WHITE, CHANDLER L.	300 NW 48TH TERRACE.	PLANTATION FL
PD	WILLIAMS, ANDRE	10200 USA TODAY WAY	MIRAMAR FL 33025
DP	CLEVELAND, DONALD	225 E. LAS OLAS BLVD.	FORT LAUDERDALE FL 33301

8. Name and Address of Current Registered Agent

WILLIAMS, ANDRE K
701 NW 18TH AVE.
BLDG. C
FT. LAUDERDALE FL 33311

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

600003433856--0

City

10/20/00--01067--021

****236.2

State

FL

Zip Code

****236.25

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

Andre K. Williams
REGISTERED AGENT MUST SIGN

Date 10/12/00

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., 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:

Andre K. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/00 954-847-3755
Date Daytime Phone #