

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1 of 2

**CORPORATION  
REINSTATEMENT**



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

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01-02

DOCUMENT # N38918

1. Corporation Name  
100 BLACK MEN OF BROWARD COUNTY, INC

2. Principal Office Address

201 W. SUNRISE BLVD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

2ND FLOOR

Suite, Apt. #, etc.

11

City & State

FT. LAUDERDALE, FL

City & State

11

Zip

33311

Country

Zip

11

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/03/1990

5. FEI Number

584048036

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

ANDRE K. WILLIAMS

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

201 W. SUNRISE BLVD.

Suite, Apt. #, Etc.

2ND FLOOR / 100 BUSINESS CENTRE

City

FT. LAUDERDALE

State

FL

Zip Code

33311

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

André K. Williams

Date 01/17/02

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
VP	CHAPMAN, ELLIS	110 NE 3RD ST	FT. LAUDERDALE, FL
DC	BLADES, HORATIO	201 W. SUNRISE BLVD	FT. LAUDERDALE, FL
DP	REECE, DAVID	225 E. LAS OLAS BLVD	FT. LAUDERDALE, FL
PD	WILLIAMS, ANDRE	1342 NW 126TH WAY	SUNRISE, FL
CF	BENNETT, WOODY	201 W. SUNRISE BLVD	FT. LAUDERDALE

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:

André K. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/02

Date

954-524-2290

Daytime Phone #

CR2E081 (9/01)

10

# *The 100 Black Men of Broward County, Inc.*

*A Florida 501 © 3 Not for Profit Corporation*

*201 W Sunrise Blvd., 2<sup>nd</sup> floor, Ft. Lauderdale, Florida 33311*

*Office: 954-667-1843 / Fax: 954-667-1842*

**January 17, 2002**

Florida Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Corporate Reinstatement  
And Fictitious Name Application**

Dear Sir or Madam:

I am sending our corporate reinstatement form and our fictitious name application for our organization. We did not receive our regular annual Report from the state. We sent a change of address card to the state When we were moving to our new location. I have also place payments for the Reinstatement and the fictitious name registration.

Thank You, for your assistance in this matter.



Andre' K. Williams  
100 Black Men of Broward County, Inc.