

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 SEP 21 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

N38943

**1. Corporation Name**

Dr. Martin Luther King, Jr. Birthday  
Committee, Inc.

**2. Principal Office Address**

333 Southwest 8<sup>th</sup> Ave.

**3. Mailing Office Address**

P.O. Box 1614

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

Vero Beach, FL

**City & State**

Vero Beach, FL

**Zip**

32960

**Country**

USA

**Zip**

32960

**Country**

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

59-2920529

**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**

Larry E. Staley

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

333 Southwest 8<sup>th</sup> Avenue

**Suite, Apt. #, Etc.**

**City**

Vero Beach, FL

**State**

FL

**Zip Code**

32962

**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**

Larry Staley

REGISTERED AGENT MUST SIGN

**Date** 9-19-06

**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.	Larry E. Staley	333 Southwest 8 <sup>th</sup> Ave	Vero Beach, FL 32962
Treas.	Debroha Walker	4421 26 <sup>th</sup> Avenue	Vero Beach, FL 32961
Asst. Secy.	Earthine L. Plair	4739 61 <sup>st</sup> Circle	Vero Beach, FL 32961

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09/26/06--01063--016 \*\*420.00

**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 contained in Chapter 119, 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:**

Larry Staley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept. 19, 2006 772-770-5312

K. Eckel SEP 22 2006