

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 18 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43348

1. Corporation Name

MINORITY BUSINESS COUNCIL, INC.

Principal Place of Business

Mailing Address

(SAME)

321 WEST ATLANTIC BLVD
SUITE 203
POMPANO BEACH, FL 33060

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 95-98

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0293698

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C	WILLIE L. LAWSON III	510 EAST MENAB RD #10	POMPANO BEACH, FL 33060
D	JAMES O. WALKER III	1339 N.E. 4TH AVENUE	FORT LAUDERDALE, FL 33304
D	VERONICA BLACKMAN	719 NORTH POWERLINE RD	POMPANO BEACH, FL 33069
D	PATRICIA W. THOMPSON	180 NORTH POWERLINE RD.	POMPANO BEACH, FL 33069
			600002698826--T -11/25/98--01071--009 ****428.75 ****428.75

8. Name and Address of Current Registered Agent

EARL A. SYMONETTE
1201 E. ATLANTIC BLVD.
SUITE 100
POMPANO BEACH, FL 33060

9. Name and Address of New Registered Agent

Name WILLIE L. LAWSON III
Street Address (P.O. Box Number is Not Acceptable)
510 EAST MENAB ROAD
Suite, Apt. #, Etc. APT 10
City POMPANO BEACH State FL Zip Code 33060

10. 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

Willie L. Lawson III

REGISTERED AGENT MUST SIGN

Date 11-16-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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)(l), 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:

Willie L. Lawson III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIE L. LAWSON III

11-16-98 954-942-1042

Date Daytime Phone #

CR2040 (1/98)