

FILED
Mar 12, 2002 8:00 am
Secretary of State

PLEASE READ ALL INSTRUCTIONS BEFORE COMF

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # N45606

1. Corporation Name

Urban Financial Services Coalition Foundation,
Inc.

2. Principal Office Address

1300 L Street NW

Suite, Apt. #, etc.

Suite 825

City & State

Washington, DC 20005

Zip

20005

Country

USA

3. Mailing Office Address

1300 L Street, NW

Suite, Apt. #, etc.

Suite 825

City & State

Washington, DC

Zip

20005

Country

USA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

10/14/91

5. FEI Number

52-1942262

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

Paul Wiggins

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

One Financial Plaza, 13th Floor

Suite, Apt. #, Etc.

13th Floor

City

Ft. Lauderdale

State

FL

Zip Code

33394

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

REGISTERED AGENT MUST SIGN

Date 3/7/02

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/D	Cheryl Fitzgerald	4000 Wisconsin Ave. NW North Tower, Suite One	Washington, DC 20016
V/D	Francois LaFate	248 Chapman Road University Office Plaza	Newark, DE 19702
S/D	Earline Davidson	700 Louisiana Street	Houston, TX 77002
D	Doris Thomas	111 E. Court Street	Flint, MI 48502-1650
D	Gilbert Gerst	1881 Sylvan Avenue Suite 22	Dallas, TX 78208
D	John Wood	925 Grand Blvd.	Kansas City, MO 64198

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
Cheryl D. Fitzgerald, President

03/05/02 202-274-1075

Date

Daytime Phone #

CR2E081 (9/01)