


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

02 AUG 23 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/05/02--01029--029 428.75
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DOCUMENT # N46879

1. Corporation Name

National Forum for Black Public Administrators Mid-Florida
Chapter, Inc.

2. Principal Office Address

201 S. Rosalind Ave.

Suite, Apt. #, etc.

2nd Floor

City & State

Orlando, Florida

Zip

32801

Country

United States

3. Mailing Office Address

PO Box 3614

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32802

Country

United States

REINSTATEMENT 99-02

4. Date Incorporated or Qualified
To Do Business in Florida

01/17/1992

5. FEI Number

☒ 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

Alphonso Jefferson, Jr.

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

201 S. Rosalind Ave.

Suite, Apt. #, Etc.

2nd Floor

City

Orlando

State

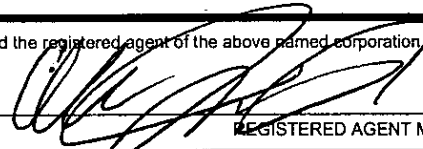
FL

Zip Code

32801

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 08/06/2002

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	Alphonso Jefferson, Jr.	201 S. Rosalind Ave., 2nd Floor	Orlando, Florida 32801
VP	Sharon Fields	1424 Crawford Drive	Apopka, Florida 32703
S	Yolanda Triplett	201 S. Rosalind Ave., 1st Floor	Orlando, Florida 32801
T	David Williams	2100 E. Michigan Street	Orlando, Florida 32806
D	Yvonne Pinnock	201 S. Rosalind Ave, 3rd Floor	Orlando, Florida 32801
D	Althea Jefferson	400 E. South Street, IOC II, 2nd Floor	Orlando, Florida 32801

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

Alphonso Jefferson, Jr.

08/06/02 407-836-5601

Date

Daytime Phone #

CR2E031 (8/01)