

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR REINSTATEMENT



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

FILED  
97 MAY 22 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # ~~446497~~ N48433

1. Corporation Name  
OPA-LOCKA CIVIC CLUB INC

Principal Place of Business: FREEMAN COLLINS  
Mailing Address: 1890 Rutland St  
OPA-LOCKA, FL 33054

REINSTATEMENT 4397

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 09-18-1957	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-9263045	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PJC	JOHN RILEY JOHN RILEY	2963 NW 135 ST	OPA-LOCKA, FL 33054
UP	AL TRAE	3141 NW 134 ST	OPA-LOCKA, FL 33054
SEC.	NARROW GILBERT	13290 NW 31 AV 13290 NW 31 AV	OPA-LOCKA, FL 33054
IT	VINCE BLAKE	310 NW 206 Terrace	MIAMI, FL 33169
M	FREEMAN COLLINS	1890 Rutland St	OPA-LOCKA, FL 33054
REC S	RAMON BRITTON	2100 Rutland St	OPA-LOCKA, FL 33054

8. Name and Address of Current Registered Agent

N/A at present time

9. Name and Address of New Registered Agent

Name: ELAINE COLLINS Bentley  
Street Address: 1890 Rutland St  
Suite, Apt. #, Etc.: 600002192726-8  
City: Opa-locka FL 33054

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: [Signature]  
REGISTERED AGENT MUST SIGN

Date: April 21, 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 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] NARROW GILBERT (S) 04-17-97 305-769-1965  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
769-1201-FAX  
769-2236

CR2E000 (12/96)

OUTSIDE DIRECTORS

04-17-87

OD T JOHNSON 736 NW 66th Miami, FL. 33150

OD RAL BAUM 1861 Washington NW OPA-LEWIS FL. 33054

OD James Dinson 14320 NW 21st OPA-LEWIS, FL. 33054

Mamie Hinf  
Secretary

8175 For a certificate of status  
→ Total \$490.00