

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

1996 DEC 31 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000000578**

1. Corporation Name

MULTI-CULTURAL RESOURCES, INC.

Principal Place of Business

39 EAST CHURCH STREET
2ND FLOOR
ORLANDO FL 32801

Mailing Address

39 EAST CHURCH STREET
2ND FLOOR
ORLANDO FL 32801



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 02/10/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3150404	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$675 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
D	HAWKINS, PRISCILLA A	39 EAST CHURCH ST	ORLANDO FL 32801
D	GLOVER, CHESTER	5907 ELON DRIVE	ORLANDO FL 32808
D	CHRISTIAN, GENE	4751 NORTH PINE HILLS RD 104	ORLANDO FL 32808
D	Johnny Rivers	12101 Crescent Cove Court	Windemere, FL 34786
REINSTATEMENT			

8. Name and Address of Current Registered Agent

HAWKINS, PRISCILLA A
39 EAST CHURCH STREET
2ND FLOOR
ORLANDO FL 32805

9. Name and Address of New Registered Agent

Name **700002051857--0**
-01/09/97--01014--018
Street Address (P.O. Box Number is Not Acceptable) ******236.25 ****236.25**
Suite, Apt. #, Etc.
City State Zip Code
FL

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

Priscilla A. Hawkins
REGISTERED AGENT MUST SIGN

Date **December 30, 1996**

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 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)(b), 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

Priscilla A. Hawkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Priscilla A. Hawkins **12.30.96** **904/222-7911**
Date Daytime Phone