

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION

UBR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N 93000002836 (5)

1. Corporation Name

Glades Positive Alternative Partnership Corporation  
of Belle Glade

2. Principal Office Address

Sub-Station

3. Mailing Office Address

P O BOX 218

Suite, Apt. #, etc.

224 S. W. 5th Street

Suite, Apt. #, etc.

City & State

Belle Glade, FL

City & State

Belle Glade, FL 33430

Zip

33430

Country

US

Zip

33430

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

6/22/93

5. FEI Number

65-0451192

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

100003417871--4

-10/09/00--01005--013

\*\*\*\*\*70.00 \*\*\*\*\*70.00

7. Name and Address of Current Registered Agent

Name

Jeffers Walker

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

Sub-Station

Suite, Apt. #, Etc.

224 S. W. 5th Street

City

Belle Glade

State  
FL

Zip Code  
33430

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

*Jeffers Walker*

REGISTERED AGENT MUST SIGN

Date 9/19/00

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
DP	Curtis Stambaugh	40 W. Canal Street	Belle Glade, FL 33430
DVP	Donald Hamilton	110 S. W. MLK Blvd.	Belle Glade, FL 33430
DS	Barbara Bell-Spence	740 S. E. 1st Street	Belle Glade, FL 33430
DT	Irene Clay	1216 S. W. Avenue C. Place	Belle Glade, FL:33430

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

*Curtis Stambaugh*

Curtis Stambaugh, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561) 996-7270

September 19, 2000

Date

Daytime Phone #

CR2E081 (9/99)