

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 28 PM 1:15

DOCUMENT # N93000003402 (5)

1. Corporation Name

OVERTOWN MERCHANTS' ALLIANCE, Inc

2. Principal Office Address

1133 N.W. 3RD AVE
MIAMI FL. 33136

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

1133 N.W. 3RD AVE
MIAMI FL. 33136

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 98-01

4. Date Incorporated or Qualified
To Do Business in Florida

7/22/93

5. FEI Number

65-0475727

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

Willie L. Williams SR.

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

1133 N.W. 3RD AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33136

100004621361-6

-10/03/01--01029--017

****420.00 ****420.00

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

Willie L. Williams

Date 9/25/01

REGISTERED AGENT MUST SIGN

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
PD	WILLIE L. WILLIAMS SR.	1133 N.W. 3RD AVE	MIAMI FL. 33136
VD	Earl Robinson	500 N.W. 11TH ST	MIAMI FL 33136
S	Norma J Walker	1767 N.W. 3RD AVE	MIAMI FL. 33136
TD	CORINE BRADLEY	15741 N.W. 29TH AVE	MIAMI FL 33157

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:

Willie L. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/01

Date

(305) 372-0966

Daytime Phone #

CR2E081 (9/99)