

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 95-97
REINSTATEMENT



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

DOCUMENT # N93000003677

1. Corporation Name

FLORIDA AMERICAN INDIAN MOVEMENT (FLORIDA AIM),
INC.

W97-18650

Principal Place of Business

405 CENTRAL AVE
#201
ST. PETERSBURG FL 33701
US

Mailing Address

P.O. BOX 1864
ST. PETERSBURG FL 33731
US

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

405 Central Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

City & State

City & State

St. Petersburg, FL

Zip

Country

Zip

Country

33701

USA

REINSTATEMENT 95-97

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/1993

5. FEI Number

65-0431538

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

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
MD	MURPHY, SHERIDAN G	405 CENTRAL AVE STE 201	ST. PETERSBURG FL
CD	PROVENCIAL, GABRIEL	4939 RENO DR	SARASOTA FL
TD	ROGERS, MIKE Narcomey, David	P.O. BOX 83 N/A 184 Aldergate Dr	KEY WEST FL Green Cove Springs, FL
SD	GARCIA, GEORGE Mark Madrid	1209 RIVERVIEW DR 405 Central Ave Suite 204	RUSKIN FL St. Petersburg, FL
D	PEWO, KET Rogers, Mike	4701 17TH AVE S 2301 Collina Ave #1509A	ST PETERSBURG FL Miami Beach, FL
D	ERDEN, DAVID CROUSE, JOSEPH	14100 N 48TH ST X13 4701 17th Ave S	TAMPA FL St. Petersburg, FL

8. Name and Address of Current Registered Agent

MURPHY, SHERIDAN G
405 CENTRAL AVE STE 201
ST. PETERSBURG FL 33701

9. Name and Address of New Registered Agent

Name
Sheridan Murphy
Street Address (P.O. Box Number Is Not Acceptable)
33 YR ST N #207
Suite, Apt. #, Etc.
207
City
St. Petersburg
State
FL
Zip Code
33701

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.006, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

00000283167-4
09/02/97-01178-004
Date ***358.75 ***358.75

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]

Sheridan Murphy

8/6/97

813.623.3581

CR20040 (6/95)