

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 SEP 11 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001914

1. Corporation Name

KUUMBA Village, Inc.

2. Principal Office Address

2308 McClellan Street

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip

33020

Country

USA

3. Mailing Office Address

P.O. Box 222061

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip

33022

Country

USA

REINSTATEMENT 02-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/09/1985

5. FEI Number

65-0482855

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

Marilyn Franks

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

2313 Atlanta Street

Suite, Apt. #, Etc.

City

Hollywood

State
FL

Zip Code
33020

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

Marilyn Franks

REGISTERED AGENT MUST SIGN

Date 7-16-03

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
P/D	Merita Greene	4931 N.W. 13th Street	Lauderhill, Fl. 33311
V/D	Lucye Penn	754 S.W. 3rd Street	Dania Beach, Fl. 33004
S/T/D	Carmen Draughn	2230 Atlantic Street	Hollywood, Fl. 33020
D	Corliss Hepburn	2223 Atlantic Street	Hollywood, Fl. 33020
D	Harold Davis	608 S.W. 12th Ave.	Dania Beach, Fl. 33004
D	Maudine Peters	8467 S. Coral Circle	North Lauderdale, Fl. 33068

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Merita Greene

7/16/03

Date

954-921-0310

Daytime Phone #

CR2E081 (10/02)