


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 97 AUG -8 PM 1:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>N94000003858</u>					
1. Corporation Name <u>CENTER FOR SCIENCE, HUMANITIES and Public Affairs, Inc.</u>					
Principal Place of Business <u>9801 Old Baymeadows Road</u> <u>Jacksonville, Florida 32256</u>		Mailing Address <u>9801 Old Baymeadows Road</u> <u>Jacksonville, Florida 32256</u>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable <u>N/A</u>		3. New Mailing Office Address, If Applicable <u>N/A</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>August 4, 1994</u>	
Suite, Apt. #, etc. <u>N/A</u>		Suite, Apt. #, etc. <u>N/A</u>		5. FEI Number <u>59-327524</u>	
City & State <u>N/A</u>		City & State <u>N/A</u>		Applied For <input type="checkbox"/> Not Applicable	
Zip <u>N/A</u>	Country <u>N/A</u>	Zip <u>N/A</u>	Country <u>N/A</u>	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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	2	3	4	5	6
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
PD	EZE A. OGUERI, II	9801 Old Baymeadows Rd	Jacksonville, FL 32256		
SD	Udop PARNEL	9801 Old Baymeadows Rd	Jacksonville, FL 32256		
D	JAKE MILLER	9801 Old Baymeadows Rd	Jacksonville, FL 32256		
T	EZE C. OGUERI	9801 Old Baymeadows Rd	Jacksonville, FL 32256		
			O. Man		
REINSTATEMENT 95-97					
8. Name and Address of Current Registered Agent <u>EZE A. OGUERI, II</u> <u>9801 Old Baymeadows Rd. #154</u> <u>Jacksonville, Florida 32256</u>			9. Name and Address of New Registered Agent <u>8/8/97</u> Name <u>EZE A. OGUERI, II</u> Street Address (P.O. Box Number is Not Acceptable) <u>9801 Old Baymeadows Rd</u> Suite, Apt. #, Etc. <u>154</u> City <u>JACKSONVILLE</u>		
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 <u>X EZE A. OGUERI, II</u> REGISTERED AGENT MUST SIGN			Date <u>06-23-97</u>		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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)(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: <u>EZE A. OGUERI, II</u> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>06-23-97</u> 904-641-9826 Daytime Phone #		

CR2E040 (12/96)