PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 11 PM 12:26

DOCUMENT # N95000000062

1 Corporation Name

West Central Florida Urban League Sponsoring Committee, Inc.

Principal Place of Business | Mailing Address

REINSTATEMENT 96

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable	3 New Mailing Address, If Applicable
Suite Apt # etc	Suite, Apt #, etc 13850 S.Magnolia Ave.,
City & State	City & State Ocala, FL
Zip / Country	Zip / Country 34473 / Marion

4 Date Incorporated or Qualified To Do Business in Florida: January 3, 1995

5 FEI Number: 59-3329198 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Gladston A. Bloomfield,	13850 S. Magnolia Ave.,	Ocala, FL 34473
T/D	Gary Tyler	14805 S.W. 16th Ave.,	Ocala, FL 34473
S/D	Iris Cintron de Alvarez	9745 Bahia Rd.,	Ocala, FL 34472
C/D	Al Washington	13850 S. Magnolia Ave.,	Ocala, FL 34473
D	Judy Johnson	601 S.E. 25th Ave.,	Ocala, FL 34471
V/D	Harry Glover	1824 N.W. 14th ST	Ocala, FL 34475

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Gladston A. Bloomfield, II
Street Address (P.O. Box Number is Not Acceptable): 13850 South Magnolia Ave.,
Suite, Apt. #, Etc.:
City: Ocala | State: FL | Zip Code: 34473

CR2E040 (12/95)

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: _____ Date: 12/02/96
REGISTERED AGENT MUST SIGN

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****236.25 ****236.25

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒
(See other side for information on intangible tax.)

12 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: _____ 12/2/96 (352) 245-9472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #