PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 MAY -5 PM 5:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000000905

1. Corporation Name
Family Approach to Child Enrichment, Inc.

Principal Place of Business
Historic Mount Zion Missionary Baptist Church

Mailing Address
W96000007022
301 N.W. 9th Street
Miami, Florida 33136

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida
February 24, 1995

5. FEI Number
585236020
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
D	Walter H. Peterson	8517 Claridge Drive	Miramar, Florida 33025
D	Laura Bethel	1720 NE - 138 Street	Miami, Florida 3318
P	James Johnson MD	1745 N.W. 57th Street	Miami, Florid 33142
T	Franklin Beckwith	1560 N.W. 55 Terrace	Miami, Florida 33142
D	George Powell	1616 N.W. 55 Terrace	Miami, Florida 33142

8. Name and Address of Current Registered Agent
Walter H. Peterson
8517 Claridge Drive
Miramar Florida 33025

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

000003285107--2
-05/25/99--01029--001
****420.00 ****420.00

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 Walter H. Peterson
REGISTERED AGENT MUST SIGN
Date 4/13/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☑
(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: Laura C. Bethel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 3/15/99
Daytime Phone Number 305-819-1458

CR2E081 (12-98)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR 97-99
REINSTATEMENT

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

FILED
93 MAY -5 PM 5:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 736896

1. Corporation Name

MIAMI-DADE URBAN BANKERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
777 Brickell Ave Miami, Fl. 33131 US	P.O. Box 110709 Miami, Fl. 33111 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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

REINSTATEMENT 97-99 (5-27)

4. Date Incorporated or Qualified To Do Business in Florida: 09/27/1976

5. FEI Number: 59-2845436 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $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
SEE ATTACHED LISTING			

200002888052-- 7
-05/21/93--01093--025
****367.50 ****367.50

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Woolcock, Devon 260 East Plaza Miami, Fl. 33147	Name: BEVERLY KIRTON-SMITH Street Address (P.O. Box Number is Not Acceptable): 3910 NW 175 St. Suite, Apt. #, Etc. City: MIAMI State: FL / Zip Code: 33055

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: REGISTERED AGENT MUST SIGN — Date: April 26, 1999

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☑ (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: 4/26/99 (Date) (305) 591-6321 (Daytime Phone)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BEVERLY KIRTON-SMITH

CR2E080 (12/96)