

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N95 000000965

1. Corporation Name

Association of Black Psychologists
South Florida chapter

2. Principal Office Address

P.O. Box 12971

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

Country

33101

U.S.A

3. Mailing Office Address

PO Box 12971

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0821922

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$375 Additional Fee required
for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

Dr. Dorothy A. Holmes

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

10430 SW 183 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157

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****131.25 ***131.25

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

Dorothy A. Holmes

REGISTERED AGENT MUST SIGN

Date

1/25/02

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
PI/D	Dorothy A. Holmes	10430 SW 183 Street	Miami, FL 33157
V/D	Crystal Archable	9-221 South Cypress Circle	Miramar, FL 33025
S/D	Tiesha Nelson	1105 NW 23 Avenue	North Lauderdale, FL 33061

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)(l), 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:

Dorothy A. Holmes - Dorothy A. Holmes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/25/02

Daytime Phone #

305-638-6774

CR2E081 (9/01)

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ASSOCIATION OF BLACK PSYCHOLOGISTS

ABΨ

South Florida Chapter, Inc.
Post Office Box 12971
Miami, Florida 33101-2971

January 25, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Reference # N95000000965

Dear Sir/Madam:

The Association of Black Psychologists, South Florida Chapter, Inc., was never notified for renewal. It appears the notice was sent to the P.O. Box 129771, Miami, Florida. Therefore, we are asking that reinstatement penalty fee is waived. Enclosed is a check in the amount of \$131.25 for the years 2001 and 2002, and a copy of a certificate. The correct address is P. O. Box 12971, Miami, Florida 33101-2971. Thank you for your cooperation.

Sincerely,



Dorothy A. Holmes, Ph.D.
President/Director