

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N95000002142

1. Corporation Name

COALITION OF UNIFIED BLACK EMPLOYEES, INC.

Principal Place of Business

POST OFFICE BOX 398566
MIAMI BEACH FL 33239-8566

Mailing Address

POST OFFICE BOX 398566
MIAMI BEACH FL 33239-8566

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

2. New Principal Office Address, If Applicable

2800 BISCAYNE BLVD.

Suite, Apt. #, etc.

SUITE 900

City & State

MIAMI, FLORIDA

Zip
33137

Country
U.S.A.

3. New Mailing Office Address, If Applicable

2800 BISCAYNE BLVD.

Suite, Apt. #, etc.

SUITE 900,

City & State

MIAMI, FLORIDA

Zip
33127

Country
U.S.A.

FILED

97 MAY 14 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 910-97

4. Date incorporated or Qualified To Do Business in Florida

05/04/1995

5. FEI Number

☒ 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	BOSTON, MARVA	15399 NE 6TH AVENUE	NO. MIAMI FL 33162
D	WELLS, ELIZABETH	2210 NW 175TH ST	MIAMI FL 33056
D	MASHACK, ALPHA	2376 NW 104TH TERRACE	MIAMI FL 33147
D	LANE, LATREVA	1222 NE 148TH STREET	NO. MIAMI FL 33161
P	STEWART, DEVON	C/O POST OFFICE BOX 398566 N/A	MIAMI BEACH FL 33239
V	DAVIS, MELODY	C/O POST OFFICE BOX 398566 N/A	MIAMI BEACH FL 33239

8. Name and Address of Current Registered Agent

DANSCOH, RICHARD O ESQ.
2800 BISCAYNE BLVD. STE 900
MIAMI FL 33137

9. Name and Address of New Registered Agent

Name
000002184750--4
Street Address (P.O. Box Number is Not Allowed)
05/20/97--01037--019
***236.25 ***236.25
Suite, Apt. #, Etc.
000002184750--4
City
05/20/97--01037--020
***61.25 ***61.25

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

Richard O. Danco

REGISTERED AGENT MUST SIGN

Date 3/24/97

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97 3056737823

Date

Daytime Phone #