

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

01 JAN 29 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000005264**

1. Corporation Name

**LIBERIAN ASSOCIATION OF NORTHEAST
FLORIDA**

2. Principal Office Address

P.O. BOX 15321
Suite, Apt. #, etc.

City & State
Jacksonville

Zip Country
32239 US

3. Mailing Office Address

P.O. BOX 15321
Suite, Apt. #, etc.

City & State
Jacksonville

Zip Country
32239 US

REINSTATEMENT 97-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

SP

5. FEI Number **59-3594442**
N/A

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

ERIC FREEMAN

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

3601 S. KERNAN BLVD.

Suite, Apt. #, Etc.

1033

City

JAX.

State
FL

Zip Code

606 32224

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

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 |
|-----------|--------------------------------------|---|-----------------------|
| President | PAYE S. GBELAYAN | 4018 Eve Dr. E. | JAX, FL 32246 |
| Adv. | VICTOR D. BYRD | 7844 Collins Ridge Blvd | JAX, FL. 32244 |
| Adv. | GEORGE M. KIADU | 7810 Andes pr. | JAX. FL. 32244 |
| Adv. | Rev. Napoleon R. Kang | 1622 Kernan Cir | Jax, FL 32208 |
| Sec. | Mary D. Smyke | 5327 Timuquone Rd. | Jax, FL. 32210 |
| V.P. | ERIC Freeman | 3601 S. KERNAN BLVD # 1033 | JAX, FL. 32224 |

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

1/21/01

Daytime Phone #

(904) 644-1933

CR2E081 (9/00)