

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 # **N96000003030**

1. Corporation Name

BASS DILLARD NEIGHBORHOOD ISSUES AND PREVENTION, INC.

Principal Place of Business

1750 NW 24TH TERRACE
FT LAUDERDALE FL 33311

Mailing Address

1750 NW 24TH TERRACE
FT LAUDERDALE FL 33311

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

4. Date Incorporated or Qualified To Do Business in Florida

06/06/1996

5. FEI Number

36-4285990

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
D	MCCOY, LEOLA R	1750 NW 24TH TERRACE	FT LAUDERDALE FL 33311
F	PRIESTER, CLARA W	1751 NW 25TH AVE	FT LAUDERDALE FL 33311
D	RANDALL, ODESSA	1109 NW 23 AVE	FT LAUDERDALE FL 33311
D	RANDALL, HERMAN	1109 NW 23 AVE	FT LAUDERDALE FL 33311
D	STATEN, TOMASENA B	1809 NW 25 AVE	FT LAUDERDALE FL 33311
<p>99-99178 AR 00003096472--8 -01/12/00--01081--009 ****131.27 ****131.27</p>			

8. Name and Address of Current Registered Agent

MCCOY, LEOLA R
1750 NW 24TH TERRACE
FT LAUDERDALE FL 33311

9. Name and Address of New Registered Agent

Name LEOLA R. McCoy
Street Address (P.O. Box Number is Not Acceptable) 1750 NW 24th Terrace
Suite, Apt. #, Etc. Fort Lauderdale
City Fort Lauderdale State FL Zip Code 33311

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

Leola R. McCoy
REGISTERED AGENT MUST SIGN

Date

Jan 4, 2000

11. This corporation owes or has paid 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:

Leola R. McCoy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/2000

Daytime Phone #

954-735-0865

CR2E040 (9/98)