

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 26 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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02/26/03--01055--005 ***297.50

DOCUMENT # N96000003229

1. Corporation Name

THE FLORIDA COALITION OF BLACK STATE TROOPERS, I
NC.

Principal Place of Business

Mailing Address

2013 N.W. 59TH PLACE
MIAMI FL 33015

2013 NW 59 PL
MIAMI FL 33015
US

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

2. New Principal Office Address, If Applicable

19010 NW 37 AVE

3. New Mailing Office Address, If Applicable

19010 NW 37 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Fl.

City & State

Miami, Fl.

Zip

33055

Country

Zip

33055

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/17/1996

5. FEI Number

65-0674017

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 3	City / State / Zip 4
D	DAVIS, STANLEY	20133 N.W. 59TH PLACE	MIAMI FL 33015
SD	WILSON, MICHELLE S	12160 NE MIAMI COURT	NORTH MIAMI BEACH FL 33161
D	LANE, JAMES M	20133 N.W. 59TH PLACE	MIAMI FL 33015
TD	CAIN, NATHANIEL E	1331 NW 207TH ST.	MIAMI FL 33169
D	KEVIN J. CONNER	19010 NW 37 AVE	Miami, Fl. 33055

8. Name and Address of Current Registered Agent

DAVIS, STANLEY
20133 NW 59 PL
MIAMI FL 33015

9. Name and Address of New Registered Agent

Name
KEVIN J. CONNER
Street Address (P.O. Box Number is Not Acceptable)
19010 NW 37 AVE
Suite, Apt. #, Etc.
City
Miami, Fl.
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. or 617.0505, F.S.

Signature of
Registered Agent X

KEVIN J. CONNER
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

2/24/03

11. 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.

NATHANIEL E CAIN

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)