

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 19 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000003503**

1. Corporation Name

**THE GEORGE WASHINGTON CARVER LIBRARY AT FLORIDA
NATIONAL COLLEGE, INC.**

Principal Place of Business

Mailing Address

4182 W. 12 AVE.
HIALEAH FL 33012

4182 W. 12 AVE.
HIALEAH FL 33012

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/1996

5. FEI Number

65-0678672

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 And bond 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
DP	ANDREU, FRANK	18225 NW 12 ST.	PEMBROKE PINES FL 33029
DV	ALFONSO, GEORGE	15511 SW 57 ST.	MIAMI FL 33193
DS	SMITH, MARIE	7010 NW 186 ST. #121	HIALEAH FL 33015
DT	ANDREU, LOURDES	16840 NW 82 CT.	MIAMI LAKES FL 33016
D	MARMOL, JOSE	2403 SW 102 PL.	MIAMI FL 33165
D	PIMENTEL, LUPE	2486 W 74 ST.	HIALEAH FL 33016

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANDREU, FRANK
4182 W. 12 AVE.
HIALEAH FL 33012

Name

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

Suite, Apt. #, Etc.

City

300002039913--0

-11/09/99--01068--024

****236.25 ****236.25

FL Zip Code

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

REGISTERED AGENT MUST SIGN

Date 10-13-1999

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ANDREU

10-13-1999

(305)821-3333