CORPORATION REINSTATEMENT

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 096000004245

1. Corporation Name

INNER City Brighter Life Foundation Inc.

2. Principal Office Address
4403 John Bell DR.
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 310912
Suite, Apt. #, etc.

City & State
TAMPA Fl.

City & State
TAMPA Fl.

Zip 33610   Country Hillsborough

Zip 33680   Country Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida   08-14-96

5. FEI Number   31-1474629 | 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
Solomon Jacobs

Street Address (P.O. Box Number is Not Acceptable)
4403 John Bell dr.

Suite, Apt. #, Etc.

City
TAMPA

State FL   Zip Code 33610

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REINSTATEMENT 99-00

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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   *Solomon Jacobs*
REGISTERED AGENT MUST SIGN

Date 08-16-00

CR2E081 (9/99)

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
P	Solomon Jacobs	4403 John Bell dr.	Tampa Fl. 33610
VP	LaTosha Jacobs	12768 Palmer Circle	Tampa Fl 33617
D/T	Audrey Bell	3208-E Ida St.	Tampa Fl 33610
D	Johnny Jones, Rv.	4206 Carmen St.	Tampa Fl. 33607
S/D	Chevella Jacobs	3038-38th st	Tampa Fl. 33605
D	George Robinson	4315 Leman St.	Tampa Fl 33617

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: *Solomon Jacobs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 08-16-00   Daytime Phone # 813-630-9342