

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

98 APR 16 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000005265**

1. Corporation Name
CRISPUS ATTUCKS ALUMNI, FACULTY & FRIENDS ASSOCIATION, INC.

Principal Place of Business
**3500 SW 15TH ST
FT LAUDERDALE FL 33312**

Mailing Address
**3500 SW 15TH ST
FT LAUDERDALE FL 33312**

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/15/1996	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0766044	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	MONROE, WILFORD	3815 NW 3RD ST	FT LAUDERDALE FL 33311
V/P/D	ANDERSON, JONATHAN	5650 FLAGER ST	HOLLYWOOD FL 33023
S/D	GRISBY, JOYCE	2120 NW 126TH ST	MIAMI FL 33167
T/D	PENN, LUCY	754 SW 3RD ST	DANIA FL 33004

REINSTATEMENT 97-98
G. Allen

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**ASH, ANTHONY D
3500 SW 15TH ST
FT LAUDERDALE FL 33312**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	600002495236--2
City	FL

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 *Anthony D. Ash*
REGISTERED AGENT MUST SIGN

Date *12/26/97*
600002495236--2
-04/21/98--01054--016
****236.25

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒

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: *Sandra B. Morham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *12/26/97*
Daytime Phone #

CR25040 (8/97)