

APPLICATION FOR REINSTATEMENT



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

FILED

00 OCT 23 PM 4:19

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N98000000151**

1. Corporation Name

OPA-LOCKA ROTARY FOUNDATION INC.

Principal Place of Business

Mailing Address

2370 NW 174TH TERR
 OPA LOCKA FL 33056

2370 NW 174TH TERR
 OPA LOCKA FL 33056

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

01/12/1998

5. FEI Number

65-0812575

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status



REINSTATEMENT 2000

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
T	TUCKER, OZZIE	2370 NW 174TH TERR	OPA LOCKA FL 33056
COBD	JACKSON, DENNIS M REV	2370 NW 174TH TERR	OPA LOCKA FL 33056
D	JOLLY, MARK	16200 N.W. 18TH AVE	OPA LOCKA FL 33056
D	PEMBERTON, DAVE	2520 N.W. 156TH ST	MIAMI FL 33054
T	WRIGHT, SONNY	4600 N.W. 7TH AVE	MIAMI FL 33217
D	Bryon Hugh	12840 N.W 27th AVE	OPA-LOCKA FL 33056

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JACKSON, DENNIS M REV
 2370 NW 174TH TERR
 OPA LOCKA FL 33056

Name

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

100003457801--2

Suite, Apt. #, Etc.

11, 00, 00 - 01085 - 016
 ****236.25 ****236.25

City

State
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

[Signature]
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date **Oct 19, 2000**

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

10/19/2000
 Date

305-620-7336
 Daytime Phone #

CR2E040 (800)