

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT-21 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000000292

1. Corporation Name

NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF WHITE PEOPLE, NATIONAL, INC.

Principal Place of Business

Mailing Address

4810 PARETE CIRCLE DRIVE
JACKSONVILLE FL 32218

P.O. BOX 1727
CALLAHAN FL 32011

140 OLD AIRPORT ESTATES RD
BOSTWICK, FL 32007

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

2. New Principal Office Address, If Applicable

140 OLD AIRPORT ESTATES RD

Suite, Apt. #, etc.

BOSTWICK, FL

City & State

32007

Zip

32007

Country

U.S.A

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/20/1998

5. FEI Number

59-3533108

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
PD	WOLFE, RENO	4810 PARETE CIRCLE E 140 OLD AIRPORT ESTATES RD	JACKSONVILLE FL 32218 BOSTWICK, FL 32007
VD	HAYMAN, TOM	4307 S CLARK	TAMPA FL 33611
TSD	WOLF, LAURIE CLARA BRAY	4810 PARETE CIRCLE E 140 OLD AIRPORT ESTATES RD	JACKSONVILLE FL 32218 BOSTWICK, FL 32007
VD	FARAONE, RICHARD	4941 GRAND TERRE	MARRERO LA 70072

000023988320
10/21/03--01147--015 **236.25

8. Name and Address of Current Registered Agent

HULBERG, ROBERT K
4810 PARETE CIRCLE DRIVE EAST
JACKSONVILLE FL 32218

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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. or 617.0505, F.S.

Signature of
Registered Agent

Robert K. Hulberg
REGISTERED AGENT MUST SIGN

Date 10-17-03

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.

SIGNATURE:

RENO WOLFE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-17-03

Daytime Phone #

386-325-
7188

CR20040 (7/03)