

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN 30 PM 4:44

DOCUMENT # N98000000365

1. Corporation Name

ALL PEOPLE At Risk

2. Principal Office Address

6501 n.w. 17th Ave.

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33147

Country

Miami
DADE County

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT

99-01

4. Date Incorporated or Qualified
To Do Business in Florida

2/4/98

5. FEI Number

65-0813112

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

Mrs. Delores L. Culmer

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

6501 n.w. 17th Avenue

Suite, Apt. #, Etc.

City

Miami

500003661235 - 1

-02/03/01--01033--005

*****8.75 *****8.75

700003661237 - 5

-02/03/01--01033--006

State *****8.75 *****8.75

FL 33147

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

Mrs. Delores L. Culmer

Date 01/26/01

REGISTERED AGENT MUST SIGN

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
Pres.	Delores L. Culmer	6501 n.w. 17 th Avenue	Miami, Florida 33147
CEO	Joel E. Pratt	20621 n.w. 22 nd Court	Miami, Florida 33056
V. Pres.	Clarence Anderson	8500 N.W. 85 th Street #55	Miami, Florida 33147
Treasurer	Sharon D. Troy	2335 n.w. 107 th Street	Miami, Florida 33167
Program Director	Vanessa Mills	10033 n.w. 26 th Avenue	Miami, Florida 33147
Sec.	LaTanya Pratt	5155 n.e. 2 nd Court #2	Miami, Florida 33137

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:

Delores L. Culmer DELORES L. Culmer

Date

01/26/01

Daytime Phone #

(305) 693-9933

CR2E081 (9/00)