

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JAN 12 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001055

1. Corporation Name

THE ELY EDUCATION FOUNDATION, INC.

Principal Place of Business

595 N.W. 15th Street

~~1201 NW 6TH AVE.~~

POMPANO BCH FL 33060

Mailing Address

P.O. Box 11178

~~1201 NW 6TH AVE.~~

POMPANO BCH FL ~~33060~~ 33063



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

2. New Principal Office Address, If Applicable

595 NW 15th Street

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 11178

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

02/20/1998

5. FEI Number

65-0823442

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

City & State

Pompano Beach, Florida

Zip Country

33060 Broward

City & State

Pompano Beach, Florida

Zip Country

33063 Broward

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
CD	SMILEY, EARLENE	1201 NW 6TH AVE.	POMPANO BCH FL 33060
SD	FORDE, FREDREKIA M	225 NW 15TH CT.	POMPANO BCH FL 33060
TD	GILLIS, EUGENE T	4461 NW 70TH AVE.	LAUDERHILL FL 33319
C/D/P	FORDE, FREDREKIA M.	225 NW 15th Court	Pompano Bch, FL 33060
V/D	LANG, JIMMY	672 NW 20th Court	Pompano Bch, FL 33060
V/D/T	BROOKS, MELVIN	7240 NW 44th Court	Lauderhill, FL 33319

8. Name and Address of Current Registered Agent

GILLIS, EUGENE T
3601 W. COMMERCIAL BLVD., SUITE 35
FT. LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name

FORDE, FREDREKIA M.

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

225 NW 15th Court
Suite, Apt. #, Etc.

City

Pompano Beach

800003105408--5
-01/21/00--01001--023

*****61.25

State 12/22/99

FL 33060

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

Fredrekia M. Forde **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

12/22/99

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:

Fredrekia M. Forde **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fredrekia M. Forde

Date

12/22/99

Daytime Phone #

831-8529

CR2E040 (6-99)