

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN -9 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000002278

1. Corporation Name

Community Political Screening ~~Panel~~

2. Principal Office Address

4929 NW 17th Ave

Suite, Apt. #, etc.

Miami Fla

City & State

3. Mailing Office Address

4929 NW 17th Ave

Suite, Apt. #, etc.

Miami Fla 33142

City & State

Zip

33142

Country

DADE

Zip

33142

Country

DADE

2002-2003 UBR

4. Date Incorporated or Qualified  
To Do Business in Florida

4/17/98

5. FEI Number

05 0842462

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

EUFULA FRAZIER

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

4929 N.W. 17th Ave

Suite, Apt. #, Etc.

Miami Fla 33142

City

State  
FL

Zip Code

100019747151

05/22/03--01096--001 \*\*131.25

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

Eufula Frazier

REGISTERED AGENT MUST SIGN

Date 5/19/2003

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	Eufula Frazier	4929 NW 17th Ave	Miami FL 33142
V.P.	L. George	4929 NW 17th Ave	Miami FL 33147
Dir	Wilfred McKenzie	3280 N.W. Ter	Miami FL 33142

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:

EUFULA FRAZIER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305  
5-14-2003 634 4479

Date

Daytime Phone #

CR2E081 (10/02)

282  
**COMMUNITY POLITICAL SCREENING PANEL, INC.**



**CPSP**

(Non Profit / Non Partisan)

4229 NW 1706, APO 33142  
P.O. Box 640634 - Miami, Florida 33664-0634  
(305) 634-4479 Phone/Fax



Dear Sir:

Enclosed you will find the  
renewal application for the  
Community Political Screening Panel  
for 2002 and 2001.

I spoke to someone in the Dept  
and I was informed that the renewal  
application for 2001 was returned and  
we would be charged for two  
years only. I am enclosing a check for  
the amount of \$131.25.

Sincerely yours  
Ezra Treggs