

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 OCT 16 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000003130

1. Corporation Name

FLORIDA BAHAMAS FRIEND OF THE ARTS AND SCIENCES, Inc.

400004661324--2

-10/31/01--01059--019

****297.50 ****297.50

2. Principal Office Address

4675 Ponce De Leon Blvd

3. Mailing Office Address

4675 Ponce De Leon Blvd

Suite, Apt. #, etc.

Suite 302

Suite, Apt. #, etc.

Suite 302

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33146

Country

USA

Zip

33146

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/2/98

5. FEI Number

Applied For

XX Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

00-01

7. Name and Address of Current Registered Agent

Name

R. KEITH ALLEN

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

4675 Ponce De Leon Blvd., Ste 302

Suite, Apt. #, Etc.

Suite 302

City

Coral Gables, FL

State

FL

Zip Code

33146

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

REGISTERED AGENT MUST SIGN

Date

6/18/01

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
PD	Godfrey Young	14500 SW 95th Avenue	Miami, FL 33176
D	Connie Crowther	334 Minorca Avenue	Coral Gables, FL 33134
D	Andrew Albury	14600 Buchanan St	Miami, FL 33176

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #