

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN 19 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004415

1. Corporation Name

New Visions for South Dade, Inc.

2. Principal Office Address

424 SW 11th Street

Suite, Apt. #, etc.

City & State

Homestead, Florida

Zip

33030

Country

USA

3. Mailing Office Address

424 SW 11th Street

Suite, Apt. #, etc.

City & State

Homestead, Florida

Zip

33030

Country

USA

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

7/28/98

5. FEI Number

311624820

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

300006205359--1
-07/03/02--01059--006
****358.75 ****358.75

7. Name and Address of Current Registered Agent

Name

Douglas J. Pracher

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

317 N. Krome Avenue

Suite, Apt. #, Etc.

City

Homestead, Florida

State
FL

Zip Code
33030

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

Douglas J. Pracher
REGISTERED AGENT MUST SIGN

Date

June 12, 2002

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
D	Willie B. Brown	424 SW 11th Street	Homestead, FL 33030
D	Jeffery Brown	424 SW 11th Street	Homestead, FL 33030
D	Lisa Washington	424 SW 11th Street	Homestead, FL 33030
D	Harcourt Clark	807 NE 199th Street, Unit 108	Miami, FL 33179
D	Mercedes Hunter	1400 NW 3rd Avenue	Florida City, FL 33034
D	Mirian Smith	14600 SW 320th Street	Homestead, FL 33030

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: *Willie B. Brown* Willie B. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

June 12, 2002 (305)247-9306

Daytime Phone #

CR2E081 (9/01)