

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 DEC -8 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004843

1. Corporation Name

REVEREND AND MRS. I.C. MICKENS LANDLORD SCHOLAR  
SHIP FUND.

Principal Place of Business

Mailing Address

20111 NORTHWEST 59TH COURT  
MIAMI FL 33056

20111 NORTHWEST 59TH COURT  
MIAMI FL 33056

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33015

Dade county

33015

Dade county

9/16/99 9007048 \$161.25

4. Date Incorporated or Qualified  
To Do Business in Florida

08/20/1998

5. FEI Number

65-0963632

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required  
for a Certificate of Status

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
Director	Director Marie Martin 20111 NW 59th Miami FL 33056	20111 NW 59th	Miami, FL 33015
President	Jesse Martin 20111 NW 59th Miami FL 33015	20111 NW 59th	Miami FL 33015
Vice President	Andell Mickens 16000 NW 44th Miami FL 33056	16000 NW 44th	Miami FL 33056
2nd Vice President	Jesse Martin 16000 NW 44th Miami FL 33056	16000 NW 44th	Miami FL 33056
Treasurer	Lucille Stroup	5215 NW 29th	Miami FL 33142
Secretary	Debra Drummond 1700 NW 170th Miami FL 33	1700 NW 170th	Miami, FL 33056

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARTIN, MARIE  
20111 NORTHWEST 59TH COURT  
MIAMI FL 33056

Name

Same

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Murie Martin

REGISTERED AGENT MUST SIGN

Date

OCT/16/99

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.

KE

SIGNATURE:

Marie Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/99 305620228

Daytime Phone #

0017300 (9/99)