

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N98000004843**

1. Corporation Name

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

Principal Place of Business

Mailing Address

**2011 N.W. 59 CT.
MIAMI FL 33015**

**2011 N.W. 59 CT.
MIAMI FL 33015**

FILED

01 NOV 19 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0963632

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MARTIN, MARIE	20111 N.W. 59 CT.	MIAMI FL 33015
PD	MARTIN, JESSE	20111 N.W. 59 CT.	MIAMI FL 33015
VPD	MICKINS, ANDELL	16000 N.W. 44 CT.	MIAMI FL 33056
2VPD	MICKENS, ISSAC	16000 N.W. 44 CT.	MIAMI FL 33056
TD	STIRRUP, LUCILLE	5215 N.W. 29 CT.	MIAMI FL 33142
SD	DRUMMOND, DEBRA	1700 N.W. 170 TER.	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

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

Suite, Apt. #, Etc.

City

9800004721239--5

-12/12/01--01079--021

*****297.50 State ***297.50**

FL

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-16-01

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

martin 11-16-01