

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 APR 19 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005163

1. Corporation Name

WILLIAM J. FAULKNER'S FRIENDS OF FOLKLORE, INC.

Principal Place of Business

Mailing Address

553 NE 199TH STREET
N. MIAMI BEACH FL 33179

553 NE 199TH STREET
N. MIAMI BEACH FL 33179

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/1998

5. FEI Number

65-0085232

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
PD	FAISON, DAVID	16400 N.W. 37TH LN.	MIAMI FL 33054
VPD	JOHNSON, ENIC C	3017 N.W. 51ST STREET	MIAMI FL 33142
SD	JOHNSON, JUANITA	20225 HIGHLAND LAKE BLVD.	N. MIAMI BEACH FL 33179
TD	MACK, J D	9820 N.W. 7TH AVENUE	MIAMI FL 33159
D	GREEN, LLOMA	750 N.W. 18TH TERRACE	MIAMI FL 33136
D	BROWN, MARIE	553 N.E. 199TH LANE	N. MIAMI FL 33179

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MACK, J D
9820 NW 7TH AVENUE
MIAMI FL 33150

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

4/10/00

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 #

10/20/99

CR2E043 (8/99)