

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 OCT 15 AM 9:49

**DOCUMENT # N98000005515**

1. Corporation Name

FLORIDA A&M UNIVERSITY ALUMNI ASSOCIATION OF PALM BEACH COUNTY, INC.

2. Principal Office Address - No P.O. Box #

430 West 37th Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2305

Suite, Apt. #, etc.

City & State

Riviera Beach, FL 33404

City & State

West Palm Beach, FL

Zip

33404

Country

USA

Zip

33402

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/23/1998

5. FEI Number  
65-0439592

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

James J. Jefferson

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

515 South Mangonia Circle

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33401

**REINSTATEMENT 07-10**

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

*James J. Jefferson*

REGISTERED AGENT MUST SIGN

Date

10/11/10

**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
P	Nicole Jones	430 West 37th Street	Riviera Beach, FL 33404
1stVP	Sabrina Hyde	1206 Rosegate Blvd.	Riviera Beach, FL 33404
2ndVP	Ella Gilbert	1408 8th Street	West Palm Beach, FL 33401
T	Terry Moore	7834 Carina Court	Lake Worth, FL 33467
FS	Shayla Willingham	714 SW 6th Avenue	Delray Beach, FL 33444
CS	Barbara Wyly	1550 West 13th Street	Riviera Beach, FL 33404

10. E-mail Address: rattlers561@hotmail.com

(To be used for future annual report notification)

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. I further certify, 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:

*Nicole Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/10

Daytime Phone #

(561) 307-1389