

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 OCT 20 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000006658**

1. Corporation Name

RECRUITMENT AND TRAINING PROJECT ECONOMIC DEVELOPMENT CORPORATION

Principal Place of Business

5524 NORTHWEST 7TH AVENUE
MIAMI-DADE FL 33127

Mailing Address

5524 NORTHWEST 7TH AVENUE
MIAMI-DADE FL 33127

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc. *NA*

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. *NA*

City & State

4. Date Incorporated or Qualified To Do Business in Florida

11/18/1998

5. FEI Number

65-088-0097

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
T	<i>Addie Moore</i>	17610 NW 13th Court	MIAMI FL 33169
SD	<i>Samuel Douglas</i>	17301 NW 24th Ave	MIA Florida
PP	<i>Samuel Mason</i>	17301 NW 24th Ave	Miami FLA 33056
C	<i>RENE ROSEMOND</i>	1435 NE 121ST ST	Miami FL 33161
VC	<i>LAWRENCE COCHRAN</i>	1961 NW 190 TERR	Miami FL 33056
R.A.	<i>SAMUEL MASON</i>	17301 NW 24th Ave	MIAMI FL 33056

8. Name and Address of Current Registered Agent

MASON, SAMUEL
17301 N.W. 24TH AVENUE
MIAMI FL 33056

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-10/28/99--01072--001

***245.00 ***245.00

9. Name and Address of New Registered Agent

Name

SAMUEL MASON

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

17301 NW 24th Ave

Suite, Apt. #, Etc.

MIAMI

City

MIAMI

State

FL

Zip Code

33056

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

Samuel Mason

REGISTERED AGENT MUST SIGN

Date *10-16-99*

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.

SIGNATURE:

Addie Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/99
Date Daytime Phone #

CR25040 (8/98)