

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10P2

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # N99000000835

1. Corporation Name

THE INSTITUTION FOR COMMUNITY EMPOWERMENT INC.

Principal Place of Business

Mailing Address

5991 NW 14TH COURT
SUNRISE FL 33313

5991 NW 14TH COURT
SUNRISE FL 33313

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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/1999

5. FEI Number

65-0924932

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CD	JONES, ERIC	5541 SW 20TH STREET	HOLLYWOOD FL 33023
PD	KENNEDY, ARLO	5991 NW 14TH COURT	SUNRISE FL 33313
STD	ANDERSON, JONATHAN	5660 FLAGLER STREET	HOLLYWOOD FL 33023
SEE ENCLOSED UBR (ORIGINAL)			300003497343--5 -12/12/00-01071--016 ****175.00 ****175.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KENNEDY, ARLO
5991 NW 14TH COURT
SUNRISE FL 33313

Name

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 607.059, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

Nov 4, 2000

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bobbie H. Hance

Date

Daytime Phone #

11/4/2000 (954) KE
925-1125

9000 UNIFORM BUSINESS REPORT (UBR)

9/18/00-90040-031-\$61.25-\$61.25

2082

DOCUMENT # N99000000835

1. Entity Name

THE INSTITUTION FOR COMMUNITY EMPOWERMENT INC.

Principal Place of Business

5991 NW 14TH COURT
SUNRISE FL 33313

Mailing Address

5991 NW 14TH COURT
SUNRISE FL 33313

2. Principal Place of Business

2207 FORREST ST
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

HOLLYWOOD FLORIDA

City & State

Zip

33020 BROWARD

Country

FEI Number

65-0924932

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KENNEDY, ARLO
5991 NW 14TH COURT
SUNRISE FL 33313

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida:

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME CHAIRPERSON
JONES, ERIC
STREET ADDRESS 5541 SW 20TH STREET
CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE ☐ Delete
NAME MEMBER
KENNEDY, ARLO
STREET ADDRESS 5991 NW 14TH COURT
CITY-ST-ZIP SUNRISE FL 33313

TITLE ☐ Delete
NAME STD MEMBER
ANDERSON, JONATHAN
STREET ADDRESS 5660 FLAGLER STREET
CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE ☐ Delete
NAME SECRETARY
HELENA ASH
STREET ADDRESS 2321 FORREST ST
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE ☐ Delete
NAME TREASURER
BOBBI GRACE
STREET ADDRESS 110 NN 8th AVE
CITY-ST-ZIP DANIA BEACH, FL 33004

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ARLON KENNEDY

Date

Daytime Phone #

9/12/2000

(954) 243 4003

CR2E037 (500)