PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
02 MAY 10 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CD	JONES, ERIC	5541 SW 20TH STREET	HOLLYWOOD FL 33023
PD	KENNEDY, ARLON	5991 NW 14TH COURT	SUNRISE FL 33313
~~CTD~~ TD	~~ANDERSON, JONATHAN~~ RONALD CARTER	~~5000 FLAGLER STREET~~ 4701 SW 21 ST	~~HOLLYWOOD FL 33023~~ HOLLYWOOD FL 33023
~~S~~ S	~~ASA, HELENA~~ GINO JAMISON	~~2921 FORREST ST.~~ 1716 SW 5th COURT	~~HOLLYWOOD FL 33020~~ FT. LAUDERDALE 33312
~~T~~ D	~~GRACE, BOBBI~~ MARILYN R. MCCLAIN	~~110 NW 8TH AVE~~ 735 NE 33RD ST	~~DANIA BEACH FL 33004~~ OAKLAND PARK, FL. 33334
D	RON OWENS	19501 N.E. 10th AVE BAY C	N. MIAMI BEACH, FL 33179

8. Name and Address of Current Registered Agent

KENNEDY, ARLON
5991 NW 14TH COURT
SUNRISE FL 33313

9. Name and Address of New Registered Agent

Name

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

700056102277--3
-05/24/02--01044--020
****306.25 ****306.25

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/01)

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: Arlon Kennedy
REGISTERED AGENT MUST SIGN

Date: 4/28/02

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.

ARLON KENNEDY

SIGNATURE: Arlon Kennedy 4/28/02 (954) 818-1187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #