

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 NOV -3 AM 10: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000001439

1. Corporation Name

THE FEDERATION OF LIBERIAN ASSOCIATIONS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

500 N.W. 51ST ST.
DELRAY BEACH FL 33445

500 N.W. 51ST ST.
DELRAY BEACH FL 33445

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

03/04/1999

5. FEI Number

59-3594448

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
D	JALLAH, EVA	5885 EDENFIELD RD., H-33	JACKSONVILLE FL 32277
D	MBARAH, GRACE	1275 AUBURN TERR., SOUTH A	DELRAY BEACH FL 33444
D	HILL, LINKA	12023 CANCUN DR.	JACKSONVILLE FL 32225
D	MARTIN, BEN	500 N.W. 51ST ST.	DELRAY BEACH FL 33445

REINSTATEMENT

2000

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JALLAH, EVA
5885 EDENFIELD RD., H-33
JACKSONVILLE FL 32277

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. 100003474891-2
City _____ State FL Zip Code 32277
Date 11/27/00-01003-002
***175.00 State ***175.00

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 Eva Jallah
REGISTERED AGENT MUST SIGN

Date 10/30/00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/00 361-487-8866
Date Daytime Phone #

CR2E040 (8/00)