

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



03/01/00 90032 012-101

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

4. Date Incorporated or Qualified To Do Business in Florida

03/04/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3594448

Applied For

Not Applicable

City & State

City & State

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include JALLAH, EVA; MBARAH, GRACE; HILL, LINKA; MARTIN, BEN.

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, Suite, Apt. #, Etc., City, State, Zip Code. Includes handwritten signature and address: 100003474891-2, -11/27/00--01003--002, State FL, Zip Code 32277.

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

Signature of Eva Jallah

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/00

Daytime Phone #

361-487-8866

CR2E040 (8/00)