

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 MAR 23 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004781

1. Corporation Name

THE CENTRAL FLORIDA BLACK CAUCUS OF LOCAL ELECT
ED OFFICIALS, INC.

Principal Place of Business

Mailing Address

~~4271 SCHANK CT.~~
~~ORLANDO FL 32811~~

~~4271 SCHANK CT.~~
~~ORLANDO FL 32811~~



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

2. New Principal Office Address, If Applicable

307 E. KENNEDY BLVD

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 2238

Suite, Apt. #, etc.

City & State

EATONVILLE FL

City & State

EATONVILLE & FL

Zip

32751

Country

ORANGE

Zip

32751

Country

ORANGE

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

08/05/1999

SP

5. FEI Number

59-3617122

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	PAGE, ERNEST	400 S. ORANGE AVE.	ORLANDO FL 32801
D	GRANT, ANTHONY	307 E. KENNEDY BLVD.	EATONVILLE FL 32751
D	HARTAGE, HOMER	201 S. ROSALIND AVE.	ORLANDO FL 32801
D	ADAMS, KATTIE	2500 LAUDERDALE CT.	ORLANDO FL 32805
D	BROOKS-WILLIAMS, FAY	1320 HACKETT ST.	MT. DORA FL 32757
D	JOHNSON, MICHAEL	307 E. KENNEDY BLVD.	EATONVILLE FL 32751

8. Name and Address of Current Registered Agent

PAGE, ERNEST
2172 BRUTON BLVD.
ORLANDO FL 32811

9. Name and Address of New Registered Agent

Name

MICHAEL A. JOHNSON

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

555 VEREEN DR.

Suite, Apt. #, Etc.

+

City

EATONVILLE

600003953226--6

04/03/01 01053-004

***298 FL 30757.00

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

Michael A. Johnson
REGISTERED AGENT MUST SIGN

Date 03-12-01

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:

Michael A. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-12-01 407-623-1237

CR2E040 (8/00)