

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 NOV -3 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000004958**

1. Corporation Name

**BOCA RATON MARTIN LUTHER KING MEMORIAL FOUNDATION, INC.**

Principal Place of Business

Mailing Address

C/O JOHN MARTIN III  
~~190 E-15TH TERRACE~~  
BOCA RATON FL 33432

C/O JOHN MARTIN III  
~~190 E-15TH TERRACE~~  
BOCA RATON FL 33432

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

2. New Principal Office Address, If Applicable  
c/o JOHN MARTIN III

3. New Mailing Office Address, If Applicable  
c/o JOHN MARTIN III

4. Date Incorporated or Qualified  
To Do Business in Florida

08/19/1999

Suite, Apt. #, etc.  
190 N.E. 15TH TERRACE

Suite, Apt. #, etc.  
190 N.E. 15TH TERRACE

City & State  
BOCA RATON, FL

City & State  
BOCA RATON, FL

Zip  
33432

Country  
USA

Zip  
33432

Country  
USA

5. FEI Number

65-0945601

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	MARTIN, JOHN III	190 E. 15TH TERRACE	BOCA RATON FL 33432
D	RICH, MOLLY B	70 SE 11TH ST.	BOCA RATON FL 33432
D	MARTIN, LOIS D	90 NE 11TH STREET	BOCA RATON FL 33432
D	BROWN, CHARLIE MAE	241 NW 9TH STREET	BOCA RATON FL 33432

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GERSTIN, JOSHUA G ESQ.  
1515 N. FEDERAL HIGHWAY  
SUITE 300  
BOCA RATON FL 33432

Name

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

Suite, Apt. #, Etc.

City

4800003400254-2

-11/30/00--01005--015

\*\*\*\*236.25 ZIP CODE 236.25

FL

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/19/00

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:

*John Martin III* *John Martin III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/1/00