

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**07 APR 23 AM 10: 58**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N99000004958**

**1. Corporation Name**

BOCA RATON MARTIN LUTHER KING MEMORIAL FOUNDATION, INC.

**500101397025**  
05/03/07--01029--025 \*\*245.00

**2. Principal Office Address - No P.O. Box #**

190 N. E. 15TH TERRACE,

Suite, Apt. #, etc.

**3. Mailing Office Address**

190 N. E. 15TH TERRACE,

Suite, Apt. #, etc.

**City & State**

BOCA RATON, FL

**City & State**

BOCA RATON, FL

**Zip**

33432

**Country**

USA

**Zip**

33432

**Country**

USA

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**08/19/1999**

**5. FEI Number**

650945601

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED** ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

**Name**

JOSHUA G. GERSTIN, ESQ.

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

399 WEST PALMETTO PARK ROAD

**Suite, Apt. #, Etc.**

SUITE 108

**City**

BOCA RATON

**State**

FL

**Zip Code**

33432

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

**Signature of  
Registered Agent**

REGISTERED AGENT MUST SIGN

**Date**

4/18/07

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DIRECTOR	MOLLY B. RICH	70 S. E. 11TH ST. 11-A	BOCA RATON, FL 33432
DIRECTOR	JOHN MARTIN III	10927 GALLERY STREET	BOCA RATON, FL 33428
DIRECTOR	JOHN E. BROWN	5980 N. DIXIE HIGHWAY	BOCA RATON, FL 33487

**10. 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 contained in Chapter 119, 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

3/29/07

Or

Daytime Phone:

APR 23 2007