

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000023633

1. Corporation Name

F.B.C. ALLIANCE, CO.

Principal Place of Business

607 N.W. 155TH TERRACE
PEMBROKE PINES FL 33028

Mailing Address

607 N.W. 155TH TERRACE
PEMBROKE PINES FL 33028

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 PM 4:07



REINSTATEMENT 01

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/2000

5. FEJ Number

65-1052866

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PV	DELEON-BRUMFIELD, MERCIE	607 N.W. 155TH TERRACE	PEMBROKE PINES FL 33028
SD	BRUMFIELD, DONALD	607 N.W. 155TH TERRACE	PEMBROKE PINES FL 33028
VP	MERCY DELEON	607 NW 155 TERR	PEMBROKE PINES, FL
			200004685302--2
			-11/16/01--01056--004
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

DELEON-BRUMFIELD, MERCIE
607 N.W. 155TH TERRACE
PEMBROKE PINES FL 33028

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10-20-01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-20-01

(9-0) Paying Fee #1542

CR2040 (801)

EFFECTIVE DATE
2-28-00

EFFECTIVE DATE:
02-28-00

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

F.B.C. ALLIANCE, CO.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

607 NW 155 TERRACE, PEMBROKE PINES, FLORIDA 33028

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

(VP) MERCIE DELEON
607 NW 155 TERR. PEMBROKE PINES, FL. 33028

(PRESIDENT)
MERCIE DELEON -
BRUMFIELD
607 NW 155 TERR.
PEMBROKE PINES, FL.

(SD) DONALD BRUMFIELD
607 NW 155 TERRACE
PEMBROKE PINES, FL. 33028

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

MERCIE DELEON - BRUMFIELD 607 NW 155 TERRACE
PEMBROKE PINES, FL. 33028

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

MERCIE DELEON - BRUMFIELD 607 NW 155 TERRACE
PEMBROKE PINES, FLORIDA 33028

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Signature/Incorporator

2-28-00

Date

2-28-00

Date

2000 MAR - 1 AM 9 20
TALLAHASSEE, FLORIDA
SECRETARY OF STATE