

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 OCT 28 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

9950000 27381

1. Corporation Name

UNITED FOR POSITIVE ACTION  
OF BROWARD COUNTY, INC.

Principal Place of Business

Mailing Address

1339 NE 4 Ave,  
SUITE N

Ft. Lauderdale, FL 33304

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

2. New Principal Office Address, If Applicable

1339 NE 4 Ave  
Suite, Apt. #, etc.  
Suite N

City & State  
Ft. Lauderdale, FL

Zip  
33304

3. New Mailing Office Address, If Applicable

1339 NE 4 Ave  
Suite, Apt. #, etc.  
Suite N

City & State  
Ft. Lauderdale, FL

Zip  
33304

4. Date Incorporated or Qualified  
To Do Business in Florida

MAY 1995

5. FEI Number

65-0573975

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D/C	CHARLES SHORTER	657 NW 24 Ave	Ft. Lauderdale, FL 33311
D/P	WILLIE FULLER	1495 NW 114 St	Miami, Florida 33167
V/D	WILLIE ROGERS	1745 Lauderdale MANOR	Ft. Lauderdale, FL 33311
D/T	AUDLEY EBANKS	1339 NE 4 Ave # N	Ft. Lauderdale, FL 33304
D/S	EDDIE RANDALL	2300 NW 11 Ct	Pompano Beach, FL 33069

REINSTATEMENT

8. Name and Address of Current Registered Agent

COSTELL WALTON JR  
1339 NE 4 Ave # N  
Ft. Lauderdale, FL 33304

9. Name and Address of New Registered Agent

Name  
COSTELL WALTON JR  
Street Address (P.O. Box Number is Not Acceptable)  
1339 NE 4 Ave # N  
Suite, Apt. #, Etc.  
Suite N  
City  
Ft. Lauderdale  
State  
FL  
Zip Code  
33304

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]*

REGISTERED AGENT MUST SIGN

Date

10/24/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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: AUDLEY EBANKS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/98.  
Date Daytime Phone #

CR2E040 (1/98)