

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUL 20 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000055941**

1. Corporation Name

**Central Florida Minority Business
SERVICES, Inc**

2. Principal Office Address

Suite, Apt. #, etc.

3111 Tradewinds

City & State

Orlando, FL TR.

Zip

32805

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

Orlando

City & State

FL

Zip

32805

Country

USA

REINSTATEMENT 99-00

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

6.18.97

5. FEI Number

593492986

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

Henry Betts

100003351151-9

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

3111 Tradewinds Trail

08/09/00-01079-078

*****1058.75 ***1058.75**

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32805

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

Henry Betts

REGISTERED AGENT MUST SIGN

Date **7.17.00**

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
Pres	Henry Betts	3111 Tradewinds Tr	Orlando, FL 32805
VP	Wanda Costict	521 Woods Ave	Orlando, FL 32805

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 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

Wanda Costict **Wanda Costict** **July 17, 2000** **402460022**

Date

Daytime Phone #