

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000055941

1. Corporation Name

CENTRAL FLORIDA MINORITY BUSINESS SERVICES, INC.

Principal Place of Business

521 WOODS AVE
ORLANDO FL 32805

Mailing Address

P.O. BOX 5614
ORLANDO FL 32805

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/25/1997

Suite, Apt. #, etc.

3111 TRADEWINDS TRAIL

Suite, Apt. #, etc.

P.O. Box 555614

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32805

Country

ORANGE

Zip

32805

Country

ORANGE

5. FEI Number

59-3492986

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BETTS, HENRY	3111 TRADEWINDS TR.	ORLANDO FL 32805
V	COSTICT, WANDA	521 WOODS AVENUE	ORLANDO FL 32805

8000009158378
11/21/02--01099--018 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BETTS, HENRY
3111 TRADEWINDS TR.
ORLANDO FL 32805

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. or 617.0505, F.S.

Signature of
Registered Agent

HENRY BETTS
REGISTERED AGENT MUST SIGN

Date

10/28/02

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:

HENRY BETTS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/02

Daytime Phone #

407-246-0032

CR2E040 (8/02)

CENTRAL FLORIDA MINORITY BUSINESS SERVICES, INC.

Masonry * Apprenticeship Training * Roofing * Affordable Housing

P. O. BOX 5614
ORLANDO, FL 32805

(407) 246-0022
FAX (407) 245-7008

October 31, 2002

Mr. -Jim-Smith
Secretary of State
Division of Corporation
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327


RE: Reinstatement

Dear Mr. Smith,

Per your instruction, please find attached and enclosed our application for Reinstatement and check fee. This letter will, also serve as our statement of fact that we received the prior UBR Notices.

If there are any questions concerning our reinstatement application, please contact me at 407-832-1096.

Sincerely,



Henry S. Betts

10-20021313