

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

N5123

FILED
97 DEC 15 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N5123**

1. Corporation Name

The Tallahassee Citywide Kwanzaa Association, Incorporated

Principal Place of Business

Mailing Address

Tallahassee

Post Office Box 5071
Tallahassee, FL 32314

REINSTATEMENT 1997
Dec 12/16
18/92

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3146192

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres. Dir.	Madelyn Towns	5323 Ben Brush Trail	Tallahassee, FL 32308
Vice Pres. Dir.	Sonja Benson	1698-23 Stuckley Avenue	Tallahassee, FL 32310
Secre. Dir.	Denise McNeal	3213 Wheatley Road	Tallahassee, FL 32310
			100002373171--3 -12/16/97-01056-001 ****271.25 ****236.25

8. Name and Address of Current Registered Agent

Sandra Allen
3847 McFarlane Drive
Tallahassee, FL 32303

9. Name and Address of New Registered Agent

Name
Chriss Walker
Street Address (P.O. Box Number is Not Acceptable)
3110 Pasco Street
Suite, Apt. #, Etc.
City
Tallahassee
State
FL
Zip Code
32310-6860

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

Chriss Walker

REGISTERED AGENT MUST SIGN

Date **12/15/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Madelyn Towns

Madelyn Towns

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/97

Date

413-1280

Daytime Phone #

CR2E040 (12/96)