

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

MAY -5 PM 5:36

STATE OF FLORIDA  
 TALLAHASSEE, FLORIDA

DOCUMENT # **NA6000000905**

1 Corporation Name  
**Family Approach to Child Enrichment, Inc.**

Principal Place of Business

**Historic Mount Zion Missionary Baptist Church**

**W900000 7022**  
 Mailing Address

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

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

4 Date Incorporated or Qualified To Do Business in Florida

**February 24, 1995**

5 FEI Number

**585236020**

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Walter H. Peterson	8517 Claridge Drive	Miramar, Florida 33025
D	Laura Bethel	1720 NE 138 Street	Miami, Florida 3318
P	James Johnson MD	1745 N.W. 57th Street	Miami, Florida 33142
T	Franklin Beckwith	1560 N.W. 55 Terrace	Miami, Florida 33142
D	George Powell	1616 N.W. 55 Terrace	Miami, Florida 33142

8 Name and Address of Current Registered Agent

Walter H. Peterson  
 8517 Claridge Drive  
 Miramar Florida 33025

9 Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc  
 City  
 State  
 Zip Code

**20000 885107-2**  
**-05/25/99 - 01023-001**  
**\*\*\*\*420.00 \*\*\*\*420.00**  
**FL**

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  
**Walter H. Peterson**  
 REGISTERED AGENT MUST SIGN

Date: **4/13/99**

11. This corporation owes 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 607.0101 or 617.0101, 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)(a), 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: **Laura Bethel**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/99** **305-873-1438**  
 DATE TIME

CP250P-112 (01)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # 736896

FILED MAY -5 PM 5:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. Corporation Name MIAMI-DADE URBAN BANKERS ASSOCIATION, INC.

Principal Place of Business 777 Brickell Ave Miami, Fl. 33131 US Mailing Address P.O. Box 110709 Miami, Fl. 33111 US

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 Suite, Apt. #, etc. City & State Zip Country

REINSTATEMENT

Handwritten initials and date

4. Date Incorporated or Qualified To Do Business in Florida 09/27/1976 5. FEI Number 59-2845436 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED [X] \$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)

Table with columns: 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

SEE ATTACHED LISTING

200002883052--7 -05/21/99--01093--025 \*\*\*\*367.50 \*\*\*\*367.50

8. Name and Address of Current Registered Agent

Woolcock, Devon 260 East Plaza Miami, Fl. 33147

9. Name and Address of New Registered Agent

Name BEVERLY KIRTON-SMITH Street Address (P.O. Box Number is Not Acceptable) 3910 NW 175 St. Suite, Apt. #, Etc. City MIAMI State FL Zip Code 33055

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 April 26, 1999

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes [ ] No [X]

(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)(d), 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BEVERLY KIRTON-SMITH

4/26/99

(305) 591-6321

CREATOR: 112 981