

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 OCT 12 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004032**

1. Corporation Name

100 BLACK MEN OF CENTRAL FLORIDA, INC.

2. Principal Office Address

847 Orange Ave

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 10514

Suite, Apt. #, etc.

City & State

Daytona Bch, FL

City & State

Daytona Bch, FL 32120

Zip

32117

Country

Volusia

Zip

32120

Country

VOLUSIA

REINSTATEMENT

90-4

4. Date Incorporated or Qualified
To Do Business in Florida

09/19/94

5. FEI Number

59-3275685

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

Gerald Chester

300003433813-4

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

847 Orange Ave

~~10/20/00~~ ~~01067~~ ~~004~~
****490.00 ****490.00

Suite, Apt. #, Etc.

City

Daytona Beach

State
FL

Zip Code

32117

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

[Signature]

Date 10/03/2000

REGISTERED AGENT MUST SIGN

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
PD	Chester, Gerald	1620 5th Street	Daytona Bch, FL 32117
T	Forrester, Joe	139 S. Keech St.	Daytona Bch, FL 32114
D	Gamble, Pete	42 China Moon Dr	Ormond Bch, FL 32174

LS

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/03/2000

Date

Daytime Phone #