


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

1998 JAN 27 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-01/28/98--01103--026  
\*\*\*\*358.75 \*\*\*\*358.75

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **125984**

1. Corporation Name  
**BLACK ON BLACK CRIME TASK FORCE,  
GAINESVILLE, ALACHUA COUNTY, INC.**

Principal Place of Business Mailing Address

**721 NW 6 Street  
Gainesville, FL 32601**

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

2. New Principal Office Address, If Applicable  
**505 NW 2 Avenue**

3. New Mailing Address, If Applicable  
**Post Office Box 2607**

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
**59-3369794**

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)

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
C	Rosa B. Williams	423 NW 6 Place	Gainesville, FL 32601
VC	Robert Woody	608 SE 12 Street	Gainesville, FL 32601
VC	Albert White	6423 NW 42 Lane	Gainesville, FL 32606
T	Dean G. Poole	2531 NW 41 Street #A-2	Gainesville, FL 32606

8. Name and Address of Current Registered Agent  
**Wayland Clifton, Jr.  
721 NW 6 Street  
Gainesville, FL 32601**

9. Name and Address of New Registered Agent

Name **Larry T. Ellis**  
Street Address (P.O. Box Number is Not Acceptable) **5400 NW 39 Avenue**  
Suite, Apt. #, Etc. **M-103**  
City **Gainesville** State **FL** Zip Code **32606**

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 *Larry T. Ellis* REGISTERED AGENT MUST SIGN Date **January 26, 1998**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Rosa B. Williams* 1/26/98 352-955-5958

CR2E040 (12/95)