

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N39360**

1. Corporation Name

THE BLACK BUSINESS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6600 N.W. 27TH AVE., STE 208
MIAMI FL 33147

6600 N.W. 27TH AVE., STE 208
MIAMI FL 33147

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

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
PD	PIERSON, RANDY	15251 NE 18TH AVE., #12	MIAMI FL 33162
VD	JENNINGS, KEITH	OPA LOCKA AIRPORT BUILDING 406	MIAMI FL 33054
SD	MCNEILL, ANN	6600 NW 27TH AVENUE, SUITE 202	MIAMI FL 33147

REINSTATEMENT *9399*

4. Date Incorporated or Qualified To Do Business in Florida **08/03/1990**

5. FEI Number **65-0413263** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**



FILED
99 FEB - 1 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOUSSAIN, BEATRIC
6600 NW 27TH AVE., SUITE 208
MIAMI FL 33147

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.

Signature of Registered Agent

Beatric Loussain
REGISTERED AGENT MUST SIGN

Date **1/2/99**

11. This corporation owes or has paid 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 607.0401 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: *Ann McNeill*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/99 (305) 836-6220

CR2E040 (9/98)