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FINANCIALS

Features listed on
Exceed Industry
Presentations of
Small types
Stylus
White
Absorbent
verbiage

RESERVE BOARD OF GOVERNORS

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
Suite, Apt. #, etc.
City & State
Zip Country
3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

FILED
01-FEB-22 PM 4:07
REINSTATEMENT 00-01
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

| 8. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | |
|---|-------------------------------------|--|--|
| Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
| PD | PIERSON, RANDY Duffie, Alben | 15251 NE 18TH AVE., #12 6600 NW 27 Ave, Suite 208 | MIAMI FL 33162 33147 |
| VD | JENNINGS, KEITH | OPA LOCKA AIRPORT BUILDING 406 | MIAMI FL 33054 |
| SD | MCNEILL, ANN | 6600 NW 27TH AVENUE, SUITE 202 | MIAMI FL 33147 |
| | | | 600003784455-3 -02/28/01-01095-002 ****306.25 ****306.25 |
| | | | 600003790048-9 -02/28/01-01095-002 ****306.25 ****306.25 |

8. Name and Address of Current Registered Agent
LOUISAIN, BEATRIC John E. Dixon, Jr.
6600 NW 27TH AVE., SUITE 208
MIAMI FL 33147

9. Name and Address of New Registered Agent
Name **John E. Dixon, Jr.**
Street Address (P.O. Box Number is Not Acceptable) **6600 N.W. 27th Ave Suite 208**
Suite, Apt. #, Etc.
City **Miami, FL** State **FL** Zip Code **33147**

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]** Date **Dec 27, 2000**
REGISTERED AGENT MUST SIGN

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] Dec 28, 2000

CR2E040 (8/00)