

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 FEB -3 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-04

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39360
1. Corporation Name
The Black Business Association, Inc.

2. Principal Office Address <u>6013 N. W. 7th Avenue</u>		3. Mailing Office Address <u>6013 N. W. 7th Avenue</u>	
Suite, Apt. #, etc. <u>2nd Floor</u>		Suite, Apt. #, etc. <u>2nd Floor</u>	
City & State <u>Miami, FL</u>		City & State <u>Miami, FL</u>	
Zip <u>33127</u>	Country <u>USA</u>	Zip <u>33127</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>8/8/90</u>	
5. FEI Number <u>650413263</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name <u>John E. Dixon, Jr.</u>			
Street Address (P.O. Box Number is Not Acceptable)		<u>6013 N. W. 7th Avenue</u>	
Suite, Apt. #, Etc.		<u>2nd Floor</u>	
City <u>Miami</u>	State <u>FL</u>	Zip Code <u>33127</u>	

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 John E. Dixon Jr. Date 1/16/04
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
<u>P</u>	<u>Alben Duffie</u>	<u>6013 N. W. 7th Avenue, 2nd Floor</u>	<u>Miami, FL 33127</u>
<u>V</u>	<u>Keith Jennings</u>	<u>6365 Taft Street</u>	<u>Hollywood, FL 33024</u>
<u>S</u>	<u>Ann McNeil</u>	<u>6600 N. W. 27th Avenue, Suite 208</u>	<u>Miami, FL 33147</u>

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: John E. Dixon Jr. John E. Dixon, Jr., Ex. Dir. Date 1/16/04 Daytime Phone # (305) 759-8466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E061 (10/02)



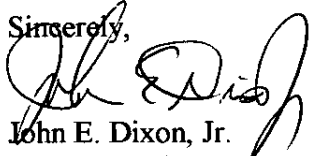
January 16, 2004

Department of State
Division of corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

This letter is to acknowledge that The Black Business Association has not received our Annual Report for 2003 and we are requesting that the penalty fees be waived for the association.

Sincerely,



John E. Dixon, Jr.
Executive Director