

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 15 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11/15/02--01052--005 \*\*236.25



REINSTATEMENT 02

DOCUMENT # N46540

1. Corporation Name

AFRICAN AMERICAN CULTURAL SOCIETY INC.

Principal Place of Business

15 PICKWOOD PLACE  
PALM COAST FL 32137

Mailing Address

P.O. BOX 350607  
PAL COAST FL 32135-0607  
US

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

2. New Principal Office Address, If Applicable

4422 ROUTE 1 NORTH

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

PALM COAST, FLORIDA

City & State

Zip

32137

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/19/1991

5. FEI Number

59-3104305

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HOLDER, LIONEL	70 BAYSIDE DR	PALM COAST FL 32137
S	ROBINSON, DOROTHY G.	35 BALLARD LN	PALM COAST, FL 32137
T	MERRIT, KATHERINE	61 WOODHOLLOW LN	PALM COAST, FL 32164
D	BROOKS, ERMA S.	103 POINT PLEASANT DR.	PALM COAST, FL 32164
D	ROBINSON, WILLIAM	29 WOODFIELD DR.	PALM COAST, FL 32164
C	LEE, JAMES	1 BISCAYNE PL	PALM COAST FL 32137

8. Name and Address of Current Registered Agent

HOLDER, LIONEL  
70 BAYSIDE DRIVE  
PALM COAST FL 32137

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/25/02

11. 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/03/02

Daytime Phone #

CR2E040 (8/02)