

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

CORPORATION REINSTATEMENT

DOCUMENT # *N9400000 3299*

1. Corporation Name
BIG BEND MINORITY ENTERPRISE DEVELOPMENT WEEK COMMITTEE INC.

2. Principal Office Address
300 S. ADAMS STREET

3. Mailing Office Address
PO BOX 7809

Suite, Apt. #, etc.

City & State
TALLAHASSEE, FLORIDA

Zip
32301

REINSTATEMENT *99-00*

SP

4. Date Incorporated or Qualified To Do Business in Florida **10/26/94**

5. FEI Number **59-3264811**

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

7. Name and Address of Current Registered Agent

Name
HARRIS, BEN

Street Address (P.O. Box Number is Not Acceptable)
300 S. ADAMS ST.

Suite, Apt. #, Etc.

City
TALLAHASSEE

State
FL

Zip Code
32302

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 *Ben Harris* Date *2/23/00*

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
C	BEN HARRIS, CHAIRMAN	300 SOUTH ADAMS ST. MAILBOX A-11	TALLAHASSEE, FL 32301
D	LEON SCOTT, DIRECTOR	3800 COMMONWEALTH BLVD. MS87	TALLAHASSEE, FL 32399
D	LARRY MOSLEY, DIRECTOR	FLORIDA A&M UNIVERSITY FOOTE-HILYER ADM. CTR. RM.210	TALLAHASSEE, FL 32307
D	VIELLA BALLOON, DIRECTOR	208 W. CAROLINA STREET	TALLAHASSEE, FL 32301
T	RON SMITH, TREASURER	300 S. ADAMS ST.	TALLAHASSEE, FL 32301
S	LATANYA RAFFINGTON, SECRETARY	300 S. ADAMS ST. BOX A-11	TALLAHASSEE, FL 32301

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: *Ben Harris* **BEN HARRIS** Date *2/23/00* Daytime Phone # *850 891-8185*

CFR2E081 (9/99)