PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

03 MAY 20 AM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005299

1. Corporation Name

Big Bend Minority Enterprise Development Week Committee, Inc.

500020418745
06/03/03--01041--005 **131.25

2. Principal Office Address	**3.** Mailing Office Address
300 S. Adams Street	P.O. Box 809
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32301 Country: USA	Zip: 32301 Country: USA

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

5. FEI Number: 59-3264811 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Ben Harris

Street Address (P.O. Box Number is Not Acceptable): 300 S. Adams Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

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: 5/16/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	Mailbox A-11 300 S. Adams Street	Tallahassee, FL 32301
D	Leon SCott	MS87 3800 Commonwealth Blvd	Tallahassee, FL 32399
D	Dana Earnest	300 S. Adams Street	Tallahassee, FL 32301
S	LaTanya Raffington	300 S. Adams Street	Tallahassee, FL 32301
T	Byron Williams	2757 W. Pensacola Street	Tallahassee, FL 32304
D	Agatha Muse-Salters	2284 Miccosukee Road	Tallahassee, FL 32308

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 5/16/03 850-891-8184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #