

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 OCT 17 PM 12:18

DOCUMENT # *N 96000005857*

1. Corporation Name  
*Lincoln High School Alumni Association, Inc.*

**REINSTATEMENT**

2. Principal Office Address  
*6423 NW 42nd Lane*

3. Mailing Office Address  
*P.O. Box 5915*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
*Gainesville, FL*

City & State  
*Gainesville, FL*

4. Date Incorporated or Qualified To Do Business in Florida  
*NOV. 12, 1996*

5. FEI Number  
*59-3415026*

Zip Country  
*32606 USA*

Zip Country  
*32602 USA*

6. CERTIFICATE OF STATUS DESIRED  \_\_\_\_\_

**7. Name and Address of Current Registered Agent**

Name  
*Albert E. White*

Street Address (P.O. Box Number is Not Acceptable)  
*6423 NW 42nd Lane*

Suite, Apt. #, Etc.

City  
*Gainesville*

State Zip Code  
**FL** *32606*

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  
*Albert E. White*  
REGISTERED AGENT MUST SIGN

Date  
*OCT. 13, 2000*

**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
P/D	<i>Clarence Mills</i>	<i>1610 NE 19th Place</i>	<i>Gainesville, FL 32609</i>
VP/D	<i>Albert E. White</i>	<i>6423 NW 42nd Lane</i>	<i>Gainesville, FL 32606</i>
S/D	<i>Lillian J. Rodriguez</i>	<i>1226 NE 16th Place</i>	<i>Gainesville, FL 32609</i>
T/D	<i>Earl M. Williams</i>	<i>308 NW 53rd Terr.</i>	<i>Gainesville, FL 32607</i>
D	<i>Jeraline Terry</i>	<i>818 NE 26th Terr.</i>	<i>Gainesville, FL 32641</i>
D	<i>Blanchie Jackson Robbins</i>	<i>727 NW 1st Street</i>	<i>Gainesville, FL 32601</i>

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: *Albert E. White* Albert E. White OCT 13, 2000 352-334-3400 ext. 1297  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

D... Alice Mills  
1610 NE. 19th Place  
Gainesville, FL 32609

D Bernard Hicks  
434 NW 9th Street  
Gainesville, FL 32601

-D Katie L. Davis  
2301 S.E. 44th Terr.  
Gainesville, FL 32641