

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 OCT 31 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000004598**

1. Corporation Name
**AFRICAN AMERICAN Development
Council, Inc.**

2. Principal Office Address - No P.O. Box #
**2231 Mel Margu Apt
Apt 1504
Live Oak, Florida**

3. Mailing Office Address
**2231 Mel Margu Ave
Apt 1504
Live Oak, Florida**

City & State
Live Oak, Florida

Zip
32064

Country
USA

State
FL

Zip Code
32064

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
51-3708106

6. CERTIFICATE OF STATUS DESIRED
yes

Applied For
 Not Applicable

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
YVONNE V. SCOTT President

Street Address (P.O. Box Number is Not Acceptable)
**2231 Mel Margu Ave
Apt 1504**

City
Live Oak

NOV -4 2013

L. SELLERS

500253405685

10/31/13--01005--007 **304.25

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 **Yvonne V. Scott** Date **10/28/2013**

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
S	Stumrulin Wells	7833 103 RD	Live Oak, Florida 32060
V	Tommie Jefferson	516 Rogan Avenue NW	Live Oak, Fla 32064
P	YVONNE SCOTT	2231 Mel Margu Ave Apt 1504	Live Oak, Florida 32064
T	Joyce Hall Marshall	10934 128 Street	Live Oak, Fla. 32060
REINSTATEMENT 2012-2013			

10. E-mail Address: **evscott894@aol.com**
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: **Yvonne V. Scott, YVONNE V. SCOTT 10/29/2013 386-209-8992**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR