

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 SEP 20 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **199000004214**

1. Corporation Name
African American Family Liaison Inc.

2. Principal Office Address
1014 MEADOWCREST DR

3. Mailing Office Address
1014 MEADOWCREST DRIVE

Suite, Apt. #, etc.

City & State
Valrico Fla.

Zip Country
33591 Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida
7-6-99

5. FEI Number
593637303

6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name
Regency International Services Inc. Pastor Yvonne Barnes

Street Address (P.O. Box Number is Not Acceptable)
412 MADISON ST. SUITE 911

Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33604

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 Barnes

REGISTERED AGENT MUST SIGN

Date
9/17/05

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
CTD	John C. Hayes Jr Minister - Chairman	1014 MEADOWCREST DR. Valrico Fla.	Valrico Fla. 33591
CO-CHAIRMAN	Gyrdhine Quince LPN - CO-CHAIRMAN	1014 MEADOWCREST DRIVE	Valrico Fla. 33591
PROP. COORD. / PROP.	MADISON RAMOS LPN - CO-CHAIRMAN	1014 MEADOWCREST DR.	Valrico, Fla. 33591
COORD. / TRS.	Deacon James Smalley	2220 John Moore RD.	Braunton Fla. 33511
SEC.	DARLENE MOORE CO-CHAIRMAN	2634 Pioneer Days Lane	Tampa, Fla. 33613
ADVISOR	ANDREW FLOYD CO-CHAIRMAN	2318 3RD AVE	Tampa Fla 33605

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
[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
9-15-05

Daytime Phone #
813 313-6316
813-684-3574