

**2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N09000004347

**Entity Name:** BLACK INDIAN TRIBE OF FLORIDA INC.

**Current Principal Place of Business:**

10144 WHISPER POINTE DRIVE  
TAMPA, FL 33647

**Current Mailing Address:**

10144 WHISPER POINTE DRIVE  
14471  
TAMPA, FL 33647 US

**FEI Number:** 27-2690406

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

QUARTERMAN NOAH, BELINDA GAIL  
10144 WHISPER POINTE DR.  
TALLAHASSEE, FL 33647 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** BELINDA GAIL QUARTERMAN NOAH

10/03/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name NOAH, EMMANUEL JR.  
Address 10144 WHISPER POINTE DRIVE  
City-State-Zip: TAMPA FL 33647

Title CEO  
Name NOAH, RAY  
Address 10144 WHISPER POINTE DRIVE  
City-State-Zip: TAMPA FL 33647

Title VC  
Name NOAH, ARIELLE  
Address 10144 WHISPER POINTE DR.  
City-State-Zip: TAMPA FL 33647

Title CHAIRMAN  
Name NOAH, BELINDA  
Address 10144 WHISPER POINTE DRIVE  
City-State-Zip: TAMPA FL 33647

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DR. BELINDA NOAH

CHAIRMAN

10/03/2023

Electronic Signature of Signing Officer/Director Detail

Date