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.

VP

SIGNATURE: AL NOAH

Electronic Signature of Signing Officer/Director Detail

	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	P	Title	VP	
Name	NOAH, EMMANUEL JR.	Name	NOAH, AL	
Address	10144 WHISPER POINTE DRIVE	Address	10144 WHISPER POINTE DRIVE	
City-State-Zip:	TAMPA FL 33647	City-State-Zip:	TAMPA FL 33647	
Title	CEO	Title	VC	
Name	NOAH, RAY	Name	NOAH, ARIELLE	
Address	10144 WHISPER POINTE DRIVE	Address	10144 WHISPER POINTE DR.	
City-State-Zip:	TAMPA FL 33647	City-State-Zip:	TAMPA FL 33647	

SIGNATURE: BELINDA GAIL QUARTERMAN NOAH

Name and Address of Current Registered Agent:

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

FEI Number: 27-2690406

14471

TALLAHASSEE, FL 33647 US

DOCUMENT# N0900004347

Entity Name: BLACK INDIAN TRIBE OF FLORIDA INC.

Current Principal Place of Business:

9608 ROCKGLEN THONOTOSASSA, FL 33592

Current Mailing Address:

PO BOX

2020 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

Jul 11, 2020 Secretary of State 1927671957CR

FILED

07/11/2020

Certificate of Status Desired: Yes

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.

07/11/2020 Date