

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # 733239

1. Corporation Name
THE CLAUDE D. PEPPER FELLOWSHIP FOUNDATION, INCORPORATED (C.P.F.F.)

Principal Place of Business 513 E. 9TH STREET SANFORD FL 32771	Mailing Address C/O L.A. BLACK P O BOX 6946 ARLINGTON VA 22206
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 07/08/1975
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-1662912
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VPD	STALNAKER, FAITH K STALNAKER	2109 TUSCARORA TRAIL	MAITLAND FL 32751
TD TO	DANIELS, JOHN HENRY, RONALD J.	927 W. 13TH ST. 1241 NW. 88TH ST	SANFORD FL 32771 MIAMI, FL 33147
ASTD	HALL, AARON D JR.	502 NW 83RD ST.	MIAMI FL 33147
ATD	CRAMER, ROBERT L	2109 TUSCARORA TRAIL	MAITLAND FL 32751
SD	ROSE, GLORIA	3118 NEWTON ST NE	WASHINGTON DC 20018
PD	BLACK, LEE A	513 E. 9TH ST.	SANFORD FL 32771

8. Name and Address of Current Registered Agent BLACK, LEE, A 513 E 9TH ST SANFORD FL 32771	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: **Lee A. Black** (with handwritten signature)
 REGISTERED AGENT MUST SIGN **Lee A. Black**
 Date: **12/21/2001**

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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., 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: **Lee A. Black** (with handwritten signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Lee A. Black**
 Date: **12/21/2001**
 Daytime Phone #: **301-5407263**

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