PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1997 JUL 14 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754846

1. Corporation Name

Florida African-American Student Association, Inc.

W97-152608

Principal Place of Business / Mailing Address

817 Apache Street
Tallahassee, FL 32301-7003

REINSTATEMENT 94-97

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
Same as Block 1	Same as Block 1
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country: USA	Zip / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/27/1980

5. FEI Number: 59-2086242 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

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-07/15/97--01051--004
****420.00 ****420.00

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City, State, Zip
P	Marsha P. Lloyd	7512 NW 1st Place	Plantation, FL 33317
VP	Marcus E. Allen	4813-B River Grass Ct.	Tampa, FL 33617
VP	Colleen Gordon	703 E McDonald Road	Plant City, FL 33567
VP/D	Dwayne Holloway	200 NW 33 Terrace	Ft. Lauderdale, FL 33311
D	Ron Hill	1519 Clearlake Road	Cocoa, FL 32922
D	Lodovic Kimble	2234 Stella Street	Ft. Myers, FL 33901

8. Name and Address of Current Registered Agent

See Block 9

9. Name and Address of New Registered Agent

Name: William McCray
Street Address (P.O. Box Number is Not Acceptable): 817 Apache Street
Suite, Apt. #, Etc.:
City: Tallahassee | State: FL | Zip Code: 32301-7003

7-14-97

CR2E040 (12/96)

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: William McCray (REGISTERED AGENT MUST SIGN) Date: 6/24/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. 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: Dwayne M. Holloway (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 6.24.97 (Date) 954-475-6570 (Daytime Phone #)