

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 31 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770688

1. Corporation Name

Friends of Black Archives at
Florida A&M University, Inc

2. Principal Office Address

P.O. Box 954

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32302-0954

Country

USA

Zip

Country

REINSTATEMENT

0003

4. Date Incorporated or Qualified
To Do Business in Florida

1983

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gloria J. Anderson

Street Address (P.O. Box Number is Not Acceptable)

P.O. 4034 Cayuga Ct.

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32303

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

Gloria J. Anderson

REGISTERED AGENT MUST SIGN

Date 12/31/03

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
(Pres.)	Eunice Warren	262-B Villar Ct. N.	Tallahassee, FL 32303
(Secty.)	Gina Kinchlow	412 Margaret Court	Tallahassee, FL 32301
(V.Pres.)	Mary Roberts	1600 Callen St.	Tallahassee, FL 32310
(Pres.)	Doris Smith	1208 Abraham St.	Tallahassee, FL 32304
(V.Pres.)	Gloria J. Anderson	4034 Cayuga Ct.	Tallahassee, FL 32303

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:

Gloria J. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dec. 31, 2003

Daytime Phone #

CR2E081 (10/02)