

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 MAR 29 PM 1:00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 770688

1. Corporation Name

Friends of The Black Archives  
at Florida A&M University  
W12-16181

2. Principal Office Address - No P.O. Box #

445 Gamble St.

3. Mailing Office Address

P.O. Box 6463

Suite, Apt. #, etc.

The Black Archives-FAMU

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32307

Country

U.S.A.

Zip

32314-6463

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

Elizabeth V. Dawson, Ph.D.

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

2214 Tanglewood Terrace

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

**REINSTATEMENT 06-12**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

OCT. 11, 1983

5. FEI Number

90-0804876

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

900224769659  
03/14/12--01030--010 \*\*\*603.75

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 03/13/2012

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.	Kenyatta H. Rosier	3427 Mizell Street	Tallahassee, FL 32305
V.P.	Myra J. Perry	44 Perry Lane	HAVANA, FL 32333-3650
Sec.	Will Guzman	P.O. Box 6463 (WG)	Tallahassee, FL 32312-8084
		7139 Shady Grove Way	

MAR 29 2012

T. CAULEY

10. E-mail Address: guzman.will@gmail.com, Kenyatta.Rosier@famv.edu

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/13/2012

Daytime Phone #