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Non-Profit
(Requestor's Name)
(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

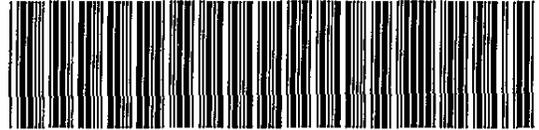
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status 1

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: National African American Tobacco Prevention Network Inc.
(Name of Corporation – must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Blake Petrunick

(Name of Person)

National African American Tobacco Prevention Network

(Firm/Company)

1025 Greenwood Blvd., Suite 318

(Address)

Lake Mary, FL 32746

(City/State and Zip Code)

For further information concerning this matter, please call:

Blake Petrunick

(Name of Person)

at (407) 708-1811

(Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

\$70.00 Filing Fee

\$78.75 Filing Fee &
Certificate of Status

\$78.75 Filing Fee &
Certified Copy

\$87.50 Filing Fee,
Certificate of Status &
Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. National African American Tobacco Prevention Network Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. North Carolina 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 11, 2000 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. September 3, 2002
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)

7. 1025 Greenwood Blvd., Suite 318, Lake Mary FL 32746
(Principal office address)
Suite 104, PMB 316, 4044 West Lake Mary Blvd., Lake Mary, FL 32746
(Current mailing address)

8. To provide education and training in tobacco use prevention and reduction.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

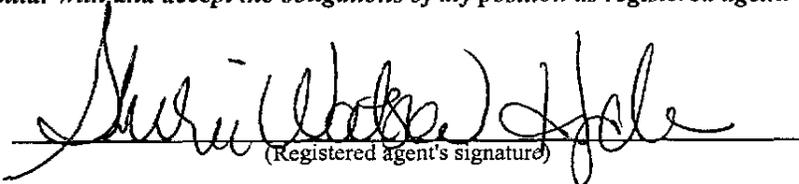
Name: Sherri Watson Hyde

Office Address: 434 Lake Shore Drive

Lake Mary, Florida 32746
(City) (Zip Code)

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10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: William S. Robinson

Address: 720-B Temple Road, Ladson, SC 29456

Vice Chairman: Donna Scrutchins

Address: Public Health Administrator II, City of Chicago/Dept. of Public Health
DePaul Center-2nd Floor, 333 S.State St., Chicago IL 60604

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: Debbie Reynolds

Address: 826 E. Vaughn Avenue, Gilbert, AZ 85234

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *William S. Robinson*

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. William S. Robinson, Chairman

(Typed or printed name and capacity of person signing application)



State of North Carolina

Department of The Secretary of State

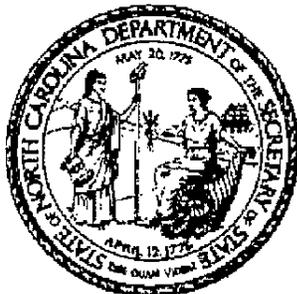
CERTIFICATE OF EXISTENCE (NONPROFIT)

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify that

NATIONAL AFRICAN AMERICAN TOBACCO PREVENTION NETWORK

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 11th day of July, 2000, with its period of duration being perpetual.

I **FURTHER** certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 11th day of February, 2003.

Elaine F. Marshall

Secretary of State