

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2013 JUL 26 PM 7:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000002742

1. Corporation Name

AFRICAN AMERICAN CLUB OF
TAMPA

REINSTATEMENT

CR2E081 (11/10)

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

1812 N. 17th Street

Suite, Apt. #, etc.

3. Mailing Office Address

3106 E. LAKE AV.

Suite, Apt. #, etc.

City & State

TAMPA, Florida

Zip

33610

Country

U.S.A.

City & State

TAMPA, Florida

Zip

33610

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

593644753

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

THOMAS AIKENS

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

3106 E. LAKE AV.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33610

200249080612

07/26/13--01033--013 **52.50

200249080612

06/20/13--01028--007 **428.75

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

Thomas Aikens

REGISTERED AGENT MUST SIGN

Date 6/18/13

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
D	YVONNE J. AIKENS	3106 E. LAKE AV.	TAMPA, FL 33610
D	NICOLE T. AIKENS	3106 E. LAKE AV.	TAMPA, FL 33610
D	LACHERRY G. AIKENS	2404 WOODY TRACE LN.	TAMPA, FL 33612

10. E-mail Address:

(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 8.17.155, F.S.

SIGNATURE:

Thomas Aikens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/18/13

Daytime Phone #

48125729