

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 MAR 23 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N000000004967**

1. Corporation Name

**African-American Association
of Deltona, Incorporated**

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

1489 E. Normandy Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 391351

Suite, Apt. #, etc.

City & State

Deltona, FL.

City & State

Deltona, FL

Zip

32725

Country

**Volusia
(USA)**

Zip

32739

Country

Volusia

4. Date Incorporated or Qualified
To Do Business in Florida

07/26/2000
(FILED)

5. FEI Number

593643817

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 **Zera Reed**

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

1489 E. Normandy Blvd

Suite, Apt. #, Etc.

City **Deltona**

State

FL

Zip Code

32725

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

100095321581
04/10/07--01025--022 ***490.00

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

Zera Reed

REGISTERED AGENT MUST SIGN

Date **March 19, 2007**

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
P	Art Moore	1633 Dublin Rd	Deltona, FL 32738
C/D	Michael Williams	2889 Cottageville St	Deltona, FL 32738
S	Zera Reed	1489 E. Normandy Blvd	Deltona, FL 32725
T	Richard Llewellyn	2332 Curtiss Rd	Deltona, FL 32738
D	Joyce Webster	684 Raleigh Ct	Deltona, FL 32738
D	Mary Allen	2796 W. Haron Dr	Deltona, FL 32738

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 contained in Chapter 119, 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:

ZERA REED
Zera Reed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 19, 2007 (386) 860-4442

Date

Daytime Phone #