

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

BLACK PHOTOGRAPHERS ASSOCIATION, INC. N00000008167

2. Principal Office Address

18520 NW 67th Avenue

Suite, Apt. #, etc.

Suite 304

City & State

Miami, Florida

Zip

33015

Country

U.S.A.

3. Mailing Office Address

18520 NW 67th Avenue

Suite, Apt. #, etc.

Suite 304

City & State

Miami, Florida

Zip

33015

Country

U.S.A.

FILED

02 APR -1 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 01-02**

4. Date Incorporated or Qualified  
To Do Business in Florida

12/12/2000

5. FEI Number

65-1072294

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

MELVIN COCHRAN

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

18520 NW 67th Avenue

Suite, Apt. #, Etc.

Suite 304

City

MIAMI

100000528300

-04/16/02--01065-012

\*\*\*\*245.00 \*\*\*\*245.00

State

FL

Zip Code

33015

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

Date 3-29-2002

REGISTERED AGENT MUST SIGN

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/P	Melvin Cochran	18520 NW 67th Avenue, Suite 304	Miami, Florida 33015

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-2002

Date

305-623-3435

Daytime Phone #