

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00000008167	
1. Entity Name BLACK PHOTOGRAPHERS ASSOCIATION, INC.	



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 APR -7 PM 1:27

REINSTATEMENT 04-05



Principal Place of Business 18520 NW 67TH AVE, STE 304 MIAMI, FL 33015	Mailing Address 18520 NW 67TH AVE, STE 304 MIAMI, FL 33015
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2. Principal Place of Business 4870 NW 178 TER	3. Mailing Address 18520 NW 67 AVE #304
Suite, Apt. #, etc.	Suite, Apt. #, etc. 304
City & State MIAMI FL	City & State MIAMI FL
Zip 33055	Country U.S.A.
Country U.S.A.	Zip 33015

02242005 REIN-NP CR2E099 (6/04)

4. FEI Number 65-1072294	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COCHRAN, MELVIN 18520 NW 67TH AVE, STE 304 MIAMI, FL 33015	
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7. Name and Address of New Registered Agent	
Name MELVIN COCHRAN	
Street Address (P.O. Box Number is Not Acceptable) 4870 NW 178 TER	
City MIAMI	Zip Code FL 33055

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP COCHRAN, MELVIN 18520 NW 67TH AVENUE, STE 304 MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000051207460 04/19/05--01050--001 **70.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE CHAIRMAN JENNAL COOPER 2814 NW 132 ST MIAMI, FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500051207585 04/19/05--01050--002 **236.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY JOSEPHINE CAIN 1080 NW 31 ST MIAMI, FL 33127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP ACCOUNT DIRECTOR MICHAEL BULLARD 120 NE 123 ST MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER STANLEY B. LEWIS, ESQ 20295 NW 2 AVE MIAMI, FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stanley B. Lewis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-05 305-318-0346  
Date Daytime Phone #