

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000008167

1. Corporation Name

BLACK PHOTOGRAPHERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

18520 NW 67TH AVE. STE 304
MIAMI FL 33015

18520 NW 67TH AVE. STE 304
MIAMI FL 33015

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1072294

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	COCHRAN, MELVIN	18520 NW 67TH AVENUE, STE 304	MIAMI FL 33015

REINSTATEMENT

03

TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COCHRAN, MELVIN
18520 NW 67TH AVE, STE 304
MIAMI FL 33015

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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., 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

Date

Daytime Phone #

10-24-03

CR2E040 (7/03)

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BLACK PHOTOGRAPHERS INC.

Sports and Entertainment Magazine

Editor in Chief
MR. MELVIN COCHRAN

Executive Editor
MR. COHN

Design Director
MR. FORD

Director of Photography
MS. ROSENKRANS

New Editor
PICCOLO

Senior Deputy Editor
PALMER

General Editors
SCOTT

Senior Writers
MS. KOLK

Contributing Writers
GILMAN

Senior Reporters
MR. RUBIN

Writer/Reporters
MR. BRIAN

Assistant Art Director
MR. HILTON

Art Director, Special Projects
PALMER

Designer
MORRIS

Senior Photo Editors
K. GORDON

Photo Researcher
SYED

Contributing Photographers
MR. DIXON

Research Chief
MR. DAVIS

Edit Operations Manager
MR. BASH

Print Production Director
MR. GOLDFARB

Senior Distribution Manager
DEHNEY

Senior Print Purchasing Manager
STAINO

Advertising Production Manager
REID

Financial Analyst
STAINO

Information Technology Analyst
MR. REED

Marketing and Promotions
MR. PALMER

Legal
COCHRAN

SHAPIRO
BERNSTEIN

OCT 20, 2003

My Name is Melvin Cochran.

I am the officer/Director of
BLACK PHOTOGRAPHERS ASSOCIATION, INC.
DOCKET NUMBER N00000008167. I
FILED MY CORPORATION ANNUAL UNIFORM
REPORT ACCORDING TO THE GUIDELINES
STATED BY FLORIDA STATUTES. AT
NO TIME DID I RECEIVE A NOTICE
INDICATING THAT MY FILING HAD BEEN
REVOKED.

I WAS INSTRUCTED TO PAY \$52.50 THIS
YEAR BY YOUR ADMINISTERED OFFICERS. I
HAD OVERPAID DURING THE YEAR 2001-2002
ONE CHECK FOR \$245 WAS CASHED ON 4-16-2002
ANOTHER CHECK FOR \$78.75 - IN 2001 AND
\$70.00 - IN 2002, I WAS TOLD THAT THE \$8.75
WOULD BE SUBTRACTED FROM THE OVERPAYMENT
AND APPLIED TO THIS YEAR. I WOULD LIKE ALL
LATE FEES TO BE WAIVED AND TO BE RE-INSTATED
AND MY REFUND OF \$262.50 RETURNED TO ME.
IF YOU HAVE ANY QUESTIONS, I CAN BE REACHED
AT (305) 623-3435.

18520 N.W. 67th Avenue, Suite 304 • Miami, Florida 33015
For Mailing Only

Melvin Cochran