PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 JUN 19 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000008373

1. Corporation Name
CENTRAL FLORIDA BUSINESS DIVERSITY COUNCIL

Reinstatement
2008-2012
WITH NAME Release

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
321 WEST CRAWFORD ST	321 WEST CRAWFORD ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKELAND, FL	City & State: LAKELAND, FL
Zip: 33805 Country: US	Zip: 33805 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 12/19/2000

5. FEI Number: 59-3704584 ☐ 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: SAMUEL SIMMONS

Street Address (P.O. Box Number is Not Acceptable): 1036 W. 6TH STREET

Suite, Apt. #, Etc.:

City: LAKELAND State: FL Zip Code: 33805

700236552137
06/19/12--01005--008 **481.25

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: Samuel Simmons Date: 6/12/2012
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
P	DARRELL K. CHAPPER	321 WEST CRAWFORD ST	LAKELAND, FL 33805
VP	LARRY S MITCHELL	1221 OAKLAND AVE	LAKELAND, FL 33805
S	SAMUEL SIMMONS	1036 W. 6TH STREET	LAKELAND, FL 33805

10. **E-mail Address:** SAM.SIMMONS0057@HOTMAIL.COM
(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 s.817.155, F.S.

SIGNATURE: DARRELL CHAPPER Darrell Chapper 6/12/2012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KRB

CENTRAL FLORDIA BUSINESS DIVERSITY COUNCIL, INC.

AFFIDAVIT

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

June 6, 2012

We the officers and directors of the Central Florida Business Diversity Council, Inc. (N11000008695) affirm that upon the dissolution of the organization, we immediately release the name of our organization to be used by the reinstated organization Central Florida Business Diversity Council, Inc. (N00000008373).

Sincerely,

Darrell R. Chapper, President
Central Florida Business Diversity Council, Inc.

Larry Mitchell, Vice President
Samuel Simmons, Secretary
Lester Oliver, Director
Grace Hardy, Director