

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
CR25081 (11/10)

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

321 WEST CHALFORD ST

Suite, Apt. #, etc.

3. Mailing Office Address

321 WEST CHALFORD ST

Suite, Apt. #, etc.

City & State

LAKELAND, FL

Zip

33805

Country

US

City & State

LAKELAND, FL

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	DANIEL K. CHAPPER	321 WEST CHALFORD ST	LAKELAND, FL 33805
VP	LARRY & MITCHELL	1221 OMSHAWARD 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: DANIEL CHAPPER Samuel Simmons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 6/12/2012
Daytime Phone #

CRB
6/20

CENTRAL **F**LORDIA **B**USINESS **D**IVERSITY **C**OUNCIL, INC.

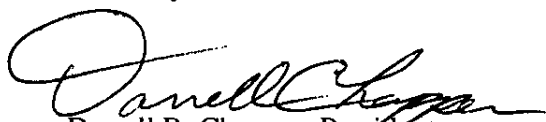
AFFIDAVIT

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

RECEIVED
DIVISION OF CORPORATIONS
2012 JUN 18 AM 8:07
TO BE FILED
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