PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 25 PM 2:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N01000006069

1. Corporation Name

BETHUNE COOKMAN COLLEGE INSPIRATIONAL GOSPEL CHOIR INCORPORATED

Principal Place of Business	Mailing Address
640 DR. MARY MCLEOD BETHUNE BOULEVARD DAYTONA BEACH FL 32114	640 DR. MARY MCLEOD BETHUNE BOULEVARD DAYTONA BEACH FL 32114

REINSTATEMENT

900008685489
10/30/02--01001--019 **236.25

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/17/2001

5. FEI Number: 59-07-04-726 ☐ Applied For ☐ Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	ROSS, ERVIN JR	640 DR. MARY MCLEOD BETHUNE BLVD	DAYTONA BEACH FL 32114
D.	KENDRICK, VERTELLIS	640 DR. MARY M. BETHUNE BLVD	DAYTONA BEACH, FL 32114
D	WILLIAMS, ROBERT	640 DR. MARY M. BETHUNE, BLVD	DAYTONA BEACH, FL 32114

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
INGRAM, BALLARIE 1234 SUWANNE ROAD DAYTONA BEACH FL 32114	Name: Ballarie Banks-Ingram Street Address (P.O. Box Not Acceptable): 108 - Black Duck Circle Suite, Apt. #, Etc.: P.O. Box 2056 City: Daytona Beach State: FL Zip Code: 32119

CR2E040 (8/02)

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: Ballarie Banks-Ingram SIGNATURE REQUIRED — Date: 10/25/02
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 REQUIRED — 10/25/02 — (386) 481-2560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #