

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 AM 9:53

DOCUMENT # **N01000008690**

1. Corporation Name

**BLACK DIVAS ON WHEELS OF SOUTH FLORIDA MOTORCYCLE CLUB, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**000009200820**  
11/25/02--01048--002 \*#61.25

Principal Place of Business

**10523 SOUTHWEST 176TH STREET  
MIAMI FL 33157**

Mailing Address

**10523 SOUTHWEST 176TH STREET  
MIAMI FL 33157**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/11/2001**

5. FEI Number

**02-0531146**

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	WELLONS, DEBORA A	10523 SOUTHWEST 176TH STREET	MIAMI FL 33157
VD	MACKEY, MANDY L	17110 SOUTHWEST 109TH AVENUE	MIAMI FL 33157
TD	LOVETTE, BRENETTA L	6711 SOUTHWEST 29TH AVENUE	MIAMI FL 33147

8. Name and Address of Current Registered Agent

**WELLONS, DEBORA A  
10523 SOUTHWEST 176TH STREET  
MIAMI FL 33157**

9. Name and Address of New Registered Agent

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**

REGISTERED AGENT MUST SIGN

Date

**November 7, 2002  
(305) 216-2385**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

# BLACK DIVAS ON WHEELS OF SOUTH FLORIDA MOTOR CYCLE CLUB

10523 SW 176th Street  
Miami, Florida 33157

November 12, 2002

To whom it may concern,

I Debora Wellons, founder of Black Divas On Wheels Of South Florida Motor Cycle Club Am writing to you, concerning the Notice Of Administrative Dissolution or Revocation that I recently received from the State of Florida. I was unaware that we were to send in an annual uniform report, nor do I recall receive any notice informing us to file such a form. I am asking you to please waive this penalty fee, for now we have learned what is expected of us to keep our FEIN Number.N01000008690/02-0531146.

The Director's of this club is as followed: PD: Debora A. Wellons, VD: Mandy L Mackey, TD: Brendetta L Lovett. Please know that our club is a None Profit club  
Enclosed, please except our Renewal fee of \$61.25.

Thanking you in advance for all your help in this matter.

Sincerely,

Debora Wellons