

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 13 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000001874

1. Corporation Name

THE BLACK CHANGE MOTORCYCLE CLUB, INC.

Principal Place of Business

Mailing Address

1917 N HOWARD AVE
TAMPA FL 33607

1917 N HOWARD AVE
TAMPA FL 33607

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

2. New Principal Office Address, If Applicable

1744 W MAIN ST

Suite, Apt. #, etc.

TAMPA FL

City & State

FLORIDA

Zip 33607

Country Hillsborough

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

FLORIDA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/2002

5. FEI Number

01-0577769

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 D	GARRETT, ROBERT Ressie Williams	1917 N HOWARD AVE 1744 W MAIN ST	TAMPA FL 33607
VP D	BROOKS, CLARENCE J JR	1917 N HOWARD AVE	TAMPA FL 33607
SD	BROOKS, TONY	1917 N HOWARD AVE	TAMPA FL 33607
TD D	EVANS, DONALD T	1917 N HOWARD AVE	TAMPA FL 33607

8. Name and Address of Current Registered Agent

FILINGS, INC.
3732 NW 16TH ST
FT LAUDERDALE FL 33311

9. Name and Address of New Registered Agent

Name

CLARENCE Brooks Jr.

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

1744 W. MAIN ST.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33607

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

Clarence Brooks Jr. PD/D

REGISTERED AGENT MUST SIGN

Date 10 Oct. 2003

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:

Clarence Brooks Jr. PD/D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/8/03 (813) 259-1145

CR2ED40 (7/03)

1744 W. MAIN ST.
TAMPA, FL 33607
10 OCTOBER 2003

TO.
THE DIVISION OF CORPORATIONS.

TO WHOM IT MAY CONCERN:

I CLARENCE BROOKS JR., VICE PRESIDENT
AND DIRECTOR OF THE BLACK CHANGE MOTORCYCLE
CLUB, DID NOT RECEIVE A NOTICE THAT OUR
2003 UNIFORM BUSINESS REPORT WAS REJECTED
UNTIL TODAY'S DATE, (10 OCT. 2003).

THE ENI NO. THAT IS NEEDED IS (01-0577769)
ENCLOSED IS A NEW APPLICATION WITH THE
CORRECT CHANGES, OUR CHECK IS STILL ON FILE.
I CAN BE REACHED AT 813-259-1145.

THANK YOU,
SINCERELY,

Clarence Brooks Jr