

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000009180

1. Corporation Name

HBCU/MI Project Office, INC.

2. Principal Office Address - No P.O. Box #
2000 N. Alafaya Trail

3. Mailing Office Address
408 Brant Street

Suite, Apt. #, etc.
150

Suite, Apt. #, etc.
103

City & State
Orlando, FL

City & State
Durham, NC

Zip
32826

Country
USA

Zip
27707

Country
USA

7. Name and Address of Current Registered Agent

Name
Hank Valentine

Street Address (P.O. Box Number is Not Acceptable)
2000 N. Alafaya Trail

Suite, Apt. #, Etc.
150

City
Orlando

State
FL

Zip Code
32826

4. Date Incorporated or Qualified
To Do Business in Florida 09/24/2004

5. FEI Number
201 654 743

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date

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
T	Dr. Marvin Carroll	15000 Perimeter Parkway, Suite 215	Huntsville, AL 35806
C	Dr. Johnson Akinleye	1658 Kings Road	Jacksonville, FL 32209
D	Dr. Benjamin Speller	New School of Education, 712 Cecil Street	Durham, NC 27707
D	Dr. Bennie Lowery	Distance Education, 100 Main Street	Grambling, LA 71245
D	Mr. Darryl Grey	5510 Cherokee Ave Suite 110	Alexandria, VA 22312

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/07/2007

919-530-6771

Daytime Phone #

Date

FILED

2007 MAR -9 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT

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