

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05096

FILED
Oct 22, 2004
Secretary of State**Entity Name:** FLORIDA MINORITY SUPPLIER DEVELOPMENT COUNCIL, INC.**Current Principal Place of Business:**6880 LAKE ELLENOR DRIVE
104 A
ORLANDO, FL 32809 US**New Principal Place of Business:****Current Mailing Address:**6880 LAKE ELLENOR DRIVE
104A
ORLANDO, FL 32809 US**New Mailing Address:****FEI Number:** 59-2547257 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**ALI, MALIK A
545 VERN DRIVE
ORLANDO, FL 32805 US**Name and Address of New Registered Agent:**MATUSZEWSKI, SUSAN A MS
434 OAK HAVEN DRIVE
ALTAMONTE SPRINGS, FL 32701 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SUSAN MATUSZEWSKI

10/22/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DP () Delete
Name: KEVIN GASTON,
Address: 445 W AMELIA
City-St-Zip: ORLANDO, FL 32801**Title:** DVP () Delete
Name: ERRICK YOUNG,
Address: 500 S ORANGE AVE
City-St-Zip: ORLANDO, FL 32802**Title:** DS () Delete
Name: NESBITT, VALERIE
Address: 1020 DELLA BLVD DEPT 916
City-St-Zip: ATLANTA, GA 30320**Title:** DT () Delete
Name: NORMA, SICA MS
Address: PO BOX 593330
City-St-Zip: ORLANDO, FL 32809**Title:** DED () Delete
Name: ALI, MALIK
Address: 6880 LAKE ELLENOR DR, STE 104A
City-St-Zip: ORLANDO, FL**Title:** MIC (X) Delete
Name: GOVIN, MARK
Address: 11111 N 46 TH ST 33617
City-St-Zip: TAMPA, FL 33687**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change () Addition
Name: BATCHELLOR, STEVEN MR
Address: 702 N FRANKLIN ST
City-St-Zip: TAMPA, FL 33601 US**Title:** V (X) Change () Addition
Name: SICA, NORMA MS
Address: 6990 LAKE ELLENOR DRIVE
City-St-Zip: ORLANDO, FL 32809 US**Title:** S (X) Change () Addition
Name: NESBITT, VALERIE MS
Address: 1020 DELTA BLVD DEPT 916
City-St-Zip: ATLANTA, GA 30320 US**Title:** T (X) Change () Addition
Name: MCCORMES BALLOU, ROBERT MR
Address: 2200 OLD GERMANTOWN RD, MC 32B3633
City-St-Zip: DELRAY BEACH, FL 33445 US**Title:** P (X) Change () Addition
Name: ALI, MALIK MR
Address: 6880 LAKE ELLENOR DR, STE 104A
City-St-Zip: ORLANDO, FL 32809 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MALIK ALI

P

10/22/2004

Electronic Signature of Signing Officer or Director

Date