

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

14 FEB 12 PM 1:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E081 (11/10)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06000009562

1. Corporation Name
FAMU/LINCOLN CLASS OF 1959, INC.

2. Principal Office Address - No P.O. Box # <u>1304 ELBERTA DRIVE</u>		3. Mailing Office Address <u>SAME</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>TALLAHASSEE, FL</u>		City & State	
Zip <u>32304</u>	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent			
Name <u>MORRIS E. HILL</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>8048 VETERANS MEMORIAL DRIVE</u>			
Suite, Apt. #, Etc.			
City <u>TALLAHASSEE</u>	State <u>FL</u>	Zip Code <u>32309</u>	

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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 <u>MORRIS E. HILL</u>	Date <u>2/13/14</u>
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
D	FRANKLIN, JOHN	7245 CLINTON HUDSON SRW	TALL. FL 32310
D	GRIFFIN, LINN A.	527 TUSKEGEE ST.	TALL. FL. 32310
D	GILMORE, JERRY M.	1304 ELBERTA DRIVE	TALL. FL. 32304
D	MONTGOMERY, BARBARA	202 RIDGE ROAD	TALL. FL. 32310
D	WYNEVA, JOHNSON AUSTIN	724 COBLE DRIVE	TALL. FL. 32301
D	WOODBERRY, ROLAND JR.	2415 JIM LEE ROAD	TALL. FL. 32301

10. E-mail Address: <u>TEE HARRISONJ@HOTMAIL.COM.</u> (To be used for future annual report notification)	
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	
SIGNATURE: <u>MORRIS E. HILL</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>2/13/14</u> <u>850-893-1840</u> Date Daytime Phone #

RE 2/13/14