PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2018 MAR 22 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/22/18--01003--007 **420.00

DOCUMENT # N06000009562

1. Corporation Name
FAMU/LINCOLN HIGH SCHOOL CLASS OF 1959 Inc

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1304 ELBERTA DRIVE	1304 ELberta Drive
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: TALLAHASSEE, FL	City & State: TALLAHASSEE, FL
Zip: 32304 Country: USA	Zip: 32304 Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 32-0200553 ☑ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: MORRIS E. HILL
Street Address (P.O. Box Number is Not Acceptable): 8048 Veterans Memorial Drive
Suite, Apt. #, Etc.:
City: TALLAHASSEE State: FL Zip Code: 32309

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: Morris E. Hill Date: 3/22/18
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	JOHN FRANKLIN	7245 Clinton Hudson Sr LN	TALLAHASSEE, FL 32310
D	LINNANN GRIFFIN	527 TUSKEGEE STREET	TALLAHASSEE, FL 32310
D	Jerry m. GILMORE	1304 ELberta DRIVE	TALLAHASSEE, FL 32304
D	BARBARA MONTGOMERY	202 RIDGE ROAD	TALLAHASSEE, FL 32310
D	WYNEVA A. JOHNSON	724 Coble Drive	TALLAHASSEE, FL 32301
D	ROLAND WOODBERRY, JR	2415 Jim Lee ROAD	TALLAHASSEE, FL 32301

10. E-mail Address: MAURICEHILL1887@GMAIL.COM
(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: John W. Franklin 3-22-18
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. ASHTON