

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **N09604**

1. Corporation Name

FLORIDA BLACK BELT ASSOCIATION, INC.

00 JAN 14 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~7945 SW 199TH TERRACE~~
~~MIAMI FL 33189~~

~~7945 SW 199TH TERRACE~~
~~MIAMI FL 33189~~



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/04/1985

5. FEI Number

59-2646904

Applied For
Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| D | REYES, MANUEL | 4795 E 8TH COURT 14800 MIAMI LAKEWAY S MIAMI LAKES FL 33014 | HIALEAH FL |
| D | BLEDSON, C.J. | 7945 SW 199TH TERRACE | MIAMI FL |
| D | REYES, VIVIAN | 4795 E 8TH COURT 14800 MIAMI LAKEWAY S | HIALEAH FL |
| D | BLEDSON, JEAN C. | 7945 SW 199TH TERRACE | MIAMI FL |
| D | MANUEL REYES JR | 14800 MIAMI LAKEWAY S MIAMI LAKES FL 33014 | 0003106275--0 |
| D | MILAGROS REYES | 14800 MIAMI LAKEWAY S MIAMI LAKES FL 33014 | *****61.25 *****61.25 |

8. Name and Address of Current Registered Agent

BLEDSON, C.J.
7945 SW 199TH TERRACE
MIAMI FL 33189

9. Name and Address of New Registered Agent

Name: MANUEL REYES
Street Address (P.O. Box Number is Not Acceptable):
14800 MIAMI LAKEWAY S
Suite, Apt. #, Etc.:
City: MIAMI LAKES State: FL Zip Code: 33014

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.

Signature of
Registered Agent

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/15/99

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, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/15/99

Daytime Phone #