

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2014 SEP 24 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N12000009835

1. Corporation Name

The Black Historical  
Preservation Culture Society  
Center

2. Principal Office Address - No P.O. Box #

9143 Ribault Ave

Suite, Apt. #, etc.

N/A

City & State

JAX, FL

Zip

32208

Country

Duval

3. Mailing Office Address

9143 Ribault Ave

Suite, Apt. #, etc.

N/A

City & State

JAX, FL

Zip

32208

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

090912155

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

William Lee Kohn

Street Address (P.O. Box Number is Not Acceptable)

9143 Ribault Avenue

Suite, Apt. #, Etc.

N/A

City

Jacksonville

State

FL

Zip Code

32208

100264659051  
03/24/14--01028--014 \*\*297.50

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

William Lee Kohn Sr

REGISTERED AGENT MUST SIGN

Date 9/20/2014

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
CEO	William Lee Kohn Sr	9143 Ribault Ave	Jax, FL 32208
Sec	Tammy Tee Chaney	3711 Kirkpatrick	Jax, FL 32210
BoD	Katrina Thomas	5959 Fort Caroline Rd #906	Jax, FL 32277
REINSTATEMENT			
2013-2014			

10. E-mail Address: WilliamKohn1@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 807.0401 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:

William Lee Kohn Sr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/2014 (904) 239-8966

Daytime Phone #

1B