PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 95-97 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 APR 10 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20596

1. Corporation Name
Black Business Investment Fund of Central Florida, Inc.

Principal Place of Business / Mailing Address
315 E. Robinson St. Ste. 222
Orlando, Florida 32801

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

2. New Principal Office Address, If Applicable
N/A
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
N/A
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida 1987

5. FEI Number 59-2861155 | Applied For | Not Applicable

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D Chair-man	Larry Stewart	315 E. Robinson St. Ste. 222	Orlando, FL. 32801
D Secretary Treasurer	Jean Butler	"	"
D President	Inez Long	"	"
D Vice Chairman	Leo Sullivan	"	"

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****367.50 ****367.50

REINSTATEMENT 95-97
A. Alan

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent 4/10/97
Name: Inez Long
Street Address (P.O. Box Number is Not Acceptable): 315 E. Robinson St., Ste. 222
Suite, Apt. #, Etc.:
City: Orlando | State: FL | Zip Code: 32801

CR2E040 (12/96)

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: Inez Long
REGISTERED AGENT MUST SIGN
Date: 4/9/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ]
(See other side for information on intangible tax.)

12. 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., 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: Jean Butler, Treasurer / Inez Long, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/9/97
Daytime Phone #: (407) 649-4780