

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -3 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39360

1. Corporation Name

The Black Business Association, Inc.

REINSTATEMENT 02-04

2. Principal Office Address

6013 N. W. 7th Avenue

Suite, Apt. #, etc.

2nd Floor

City & State

Miami, FL

Zip

33127

Country

USA

3. Mailing Office Address

6013 N. W. 7th Avenue

Suite, Apt. #, etc.

2nd Floor

City & State

Miami, FL

Zip

33127

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/8/90

5. FEI Number

650413263

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

John E. Dixon, Jr.

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

6013 N. W. 7th Avenue

Suite, Apt. #, Etc.

2nd Floor

City

Miami

State
FL

Zip Code
33127

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

John E. Dixon, Jr.
REGISTERED AGENT MUST SIGN

Date 1/16/04

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
P	Alben Duffie	6013 N. W. 7th Avenue, 2nd Floor	Miami, FL 33127
V	Keith Jennings	6365 Taft Street	Hollywood, FL 33024
S	Ann McNeil	6600 N. W. 27th Avenue, Suite 208	Miami, FL 33147

10. 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:

John E. Dixon, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John E. Dixon, Jr., Ex. Dir.

1/16/04

Date

(305) 759-8466

Daytime Phone #

CR2E061 (10/02)



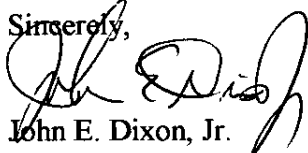
January 16, 2004

Department of State
Division of corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

This letter is to acknowledge that The Black Business Association has not received our Annual Report for 2003 and we are requesting that the penalty fees be waived for the association.

Sincerely,



John E. Dixon, Jr.
Executive Director