

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


APPROPRIATE PAGE 10/2
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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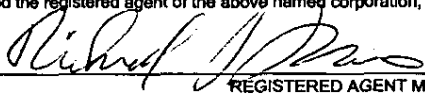
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| CORPORATION  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N42385 | |
| 1. Corporation Name The One Hundred Black Men of Palm Beach County, Incorporated | |
| 2. Principal Office Address 201 N.W. 15th Street Suite, Apt. #, etc. | 3. Mailing Office Address P.O. Box 1067 Suite, Apt. #, etc. |
| City & State Belle Glade, Florida | City & State Belle Glade, Florida |
| Zip 33430 | Country |
| Zip 33430 | Country |

| | |
|---|-------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida 03/06/1991 | |
| 5. FEI Number 65-0271927 | Applied For Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

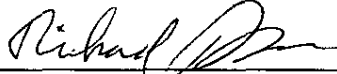
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|--|------------------------------|
| 7. Name and Address of Current Registered Agent | |
| Name Rev. Richard Harris | |
| Street Address (P.O. Box Number is Not Acceptable) 201 N.W. 15th Street | |
| Suite, Apt. #, Etc. | |
| City Belle Glade, | State - Zip Code FL 33430 |

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| 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  | Date September 29, 2003 |
| 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 |
| P/D | Rev. Richard Harris | 201 N.W. 15th Street | Belle Glade, Fl, 33430 |
| VP/D | Javin Walker | 349 S.E. #RD Street | Belle Glade, Fl, 33430 |
| VP/D | Don West, Jr., Esq. | 515 Seabreeze Blvd. Su103 | Ft. Laud., Fl, 33316 |
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| 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:  | Richard Harris Sept. 29, 2003 (561)-261-0817 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date Daytime Phone # |

CR2081 (10/02)

Proctor
P. O. Box 1067
Belle Glade, Florida, 33430
(561)-261-0817

**The 100 Black Men of Palm Beach
County, Inc.**

September 29, 2003

Division of Corporations
State of Florida
Tallahassee, Florida

Dear Sir or Madam:

This letter is a request for a waiver of our late fees.

We mailed in a check for the 2000 report for \$61.25, which was cashed by your department.

Thank you in advance for your consideration and cooperation.

Sincerely,



Rev. Richard Harris
President

P.S. WE NEVER HEARD FROM YOU.

"EACH REACH ONE. EACH TEACH ONE"