

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 18 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46235

1. Corporation Name
Association of Black Psychologists, Inc.
Jacksonville Chapter

800109562278
09/18/07--01014--012 **481.25

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box # 5379 Lenox Avenue		3. Mailing Office Address P.O. Box 37206	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32205	Country USA	Zip 32236	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/02/1991

5. FEI Number 593134644 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 C. Jones

Street Address (P.O. Box Number is Not Acceptable)
2457 Southern Links Drive

Suite, Apt. #, Etc.

City Orange Park **State** FL **Zip Code** 32003

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 C. Jones* **REGISTERED AGENT MUST SIGN** **Date** September 17, 2007

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
DP	Larry T. Richardson	7202 Eudine Drive, N.	Jacksonville, FL 32210
DV	Bernice Parker-Bell	1482 East 25th St.	Jacksonville, FL 32206
SD	Steward Washington	5711 Marlin Court	Jacksonville, FL 32277
T	Herbert Latney, Jr.	3103 Ashgrove Road	Jacksonville, FL 32226
REINSTATEMENT 09-07 RH			

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 contained in Chapter 119, 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: *Larry T. Richardson* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **9/13/07** **904-378-9955**
Date Daytime Phone #