PLEASE RE[illegible]CTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 95-96 REINSTATEMENT

[illegible]A DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 DEC 16 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000325

1 Corporation Name
African People's Education & Defense Fund

Principal Place of Business / Mailing Address
1136 9th Street
St. Petersburg, FL 33701

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

DO NOT WRITE IN THIS SPACE

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

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

4. Date Incorporated or Qualified To Do Business in Florida
1/24/91

5. FEI Number
53-3252727
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
Pres D	Deborah Johnson	5409 Halsted Ave	Chicago, IL 30306
Treas D	Harriet L. Davis	1161 Williams Drive South	St. Petersburg, FL 33705
Sec D	Penny Hess	3742 Grand Avenue ~~Oakland, CA 94610~~	Oakland, CA 94610
			000002032380--4 -12/18/96--01041--013 ****306.25 ****306.25
			1995-96
		REINSTATEMENT	

8. Name and Address of Current Registered Agent
Alvelita Donaldson
1136 9th Street South
St. Petersburg, FL 33701

9. Name and Address of New Registered Agent
Name: Same
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City / State: FL / Zip Code

A. Allen 12/16/96

CR2E040 (1/95)

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: Alvelita Donaldson — Date: 12/12/96
REGISTERED AGENT MUST SIGN

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

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Harriet L. Davis — Harriet L. Davis — 12/12/96 — 813-821-6620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #