DI EASE BEAD A	LL INSTRUCTIONS	BEEORE C	OMPLETING THIS FORM.
, APPLICATION , FOR	FLORIDA DEPARTMEN Sandra B. Mort Secretary of Si	IT OF STATE	FILED
REINSTATEMENT	DIVISION OF CORPOR.	ATIONS	98 APR 13 AM 6:03
DOCUMENT # M9400000325			
DOCUMENT # N9400000325  1. Corporation Name  African People's Education and Defense Fund			TALLY ASSESSED FLORIDA
Principal Place of Business	Mailing Address		
	such inserved information and actor and	orrection below	
If above addresses are incorrect in any way, line through incorrect information and enter of 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 3.			Date Incorporated or Qualified     To Do Business in Florida
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		// //
City & State	City & State		53-3252727 Applied For Not Applicable
33705 Pinelles	Zip Country		6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
Names and Street Addresses of Each Officer and/o     Name of Officers		ions must list at leaset Address of Each	
Title(s) and/or Directors	Offic	cer and/or Director e Post Office Box N	City / State / Zip
Pres Deborah Johnson	D 6634 W	pod ,	D Chicago, 12 60636
110 Dans Har	D 3742 Gran	1 4.00	D On 1 2nd CA 9/6/0
Sec 1			3
Tras Harriet Davis	D 1245 184h	Ave Sa	dy D St. Peterburg, FL 33705
			9000024915499 -04/17/9801006019 01 00 ****306 25 ****306*25
	REINSTATE	MENT	97-98 ****306.25 ****306.25
ALINGIAI LIVILIAI SC 4-15			
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name			9. Name and Address of New Registered Agent
Awelita Donaldson Street Address (P			O. Box Number is Not Acceptable)
1181 9th Ale South Suit		Suite, Apt. #, Etc.	
		City State Zip Code	
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 Must sign  Date 3/11/98  REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  Yes No			
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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #			

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