

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

97 NOV 10 PM 4:04

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003758**

1. Corporation Name

**AFRICAN-AMERICAN BUSINESS ASSOCIATION, INC OF WINTER HAVEN**

Principal Place of Business

Mailing Address

1831 1ST ST. N.  
 WINTER HAVEN FL

P.O. BOX 3125  
 WINTER HAVEN FL 33885-3125



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business In Florida

07/29/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3189241

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED  \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	THOMPSON, DEBRA	2061 9TH LANE N.E.	WINTER HAVEN FL 33881
V	GAY, LASHUNDA	2507 BERRY RD.	PLANT CITY FL 33567
S	GREEN, SHEILA	311 LETABT	AUBURNDALE FL 33823
2NDV	GAY, GREG	2507 BERRY RD.	PLANT CITY FL 33567

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THOMPSON, DEBRA  
 1831 1ST ST. N.  
 WINTER HAVEN FL 33881

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

*Debra Thompson*

REGISTERED AGENT MUST SIGN

Date 11-6-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on Intangible tax.)

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:

*Gregory V. Gay, Sr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-6-97 (941) Daytime Phone #

CR2E040 (8/97)