

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 FEB 20 PM 1:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA 200002096822--6 -02/25/97--01083--015 ****367.50 ****367.50 REINSTATEMENT 96-97	
DOCUMENT # N94000004016 (1)					
1. Corporation Name AFRICAN AMERICAN STUDENT FOUNDATION, INC.					
Principal Place of Business 301 Sharazad Blvd. Opa-Locka, FL 33054		Mailing Address 301 Sharazad Blvd. Opa-Locka, FL 33054			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 301 Sharazad Blvd Opa-Locka Opa-Locka FL 33054 USA		3. New Mailing Office Address, If Applicable 301 Sharazad Blvd Opa-Locka FL 33054 USA		4. Date Incorporated or Qualified To Do Business in Florida 8-17-94	
Suite, Apt. #, etc. Opa-Locka		Suite, Apt. #, etc. Opa-Locka		5. FEI Number 65-0513448	
City & State Opa-Locka FL		City & State Opa-Locka FL		Applied For <input type="checkbox"/> Not Applicable	
Zip 33054		Country USA		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$6.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
Director / President	Fleurant Gachelin	301 Sharazad Blvd.	Opa-Locka FL 33054		
Sec / Director	Bernadette Desrosier	376 NW 80th St.	MIAMI, FL 33150		
Director	Stanley Bien-Aime	1 NW 89th St. EL PORTAL, FL 33150	EL PORTAL, FL 33150		
Treas.	Regina Corinsky	292 NW 59th Ter.	MIAMI, FL 33127		
Director	Magdala Gachelin	301 Sharazad Blvd.	Opa-Locka, FL 33054		
JB 2-20-97					
8. Name and Address of Current Registered Agent Stanley Bien-Aime 1 NW 89th St. EL PORTAL, FL 33150			9. Name and Address of New Registered Agent Name Fleurant Gachelin Street Address (P.O. Box Number is Not Acceptable) 301 Sharazad Blvd. Suite, Apt. #, Etc. - City Opa-Locka State FL Zip Code 33054		
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 Fleurant Gachelin Date 2-14-97 REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: Fleurant Gachelin Director SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2-14-97 Daytime Phone # (305) 681-5455		

CR2E040 (12/96)