PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

98 CPAR2

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 23 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N94000004016

1. Corporation Name
African American Student Foundation Inc

Principal Place of Business	Mailing Address
7530 NW 10th Ave. Miami, FL 33150	7530 NW 10 Ave Miami FL 33150

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
same as above	7530 NW 10 Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Miami FL
Zip / Country	Zip: 33150 / Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida: 8/17/94

5. FEI Number: 65-0513448 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $ $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) 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
DP	Fleurant Gachelin	7530 NW. 10th Ave	Miami, FL 33150
SD	Bernadette Desrosier	376 NW 80 St.	Miami, FL 33150
D	Stanley Bien-Aime	1 NW 89 St.	Miami, FL 33150
T	Regina Lovinsky	292 NW 59 terrace	Miami, FL 33127
D	Magdala Gachelin	7530 NW 10th Ave	Miami, FL 33150

FG 3/23/99

8. Name and Address of Current Registered Agent

Fleurant Gachelin
7530 NW 10 Ave
Miami, FL 33150

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:

CR2E081 (12/98)

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 — REGISTERED AGENT MUST SIGN — Date: 3/21/99

11. This corporation owes 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: Fleurant Gachelin Fleurant Gachelin 3/21/99 (305) 691-7772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #