

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 JAN 25 AM 8:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # NP400005634

1. Corporation Name
The African-American Graduates of 1975, Inc

2. Principal Office Address
1210 Fargo Street South
Suite, Apt. #, etc.

3. Mailing Office Address
1210 Fargo Street South
Suite, Apt. #, etc.

City & State
St. Petersburg, Florida

City & State
St. Petersburg, Florida

Zip
33712 Country
USA

Zip
33712 Country
USA

REINSTATEMENT 8-2001

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
593275268 Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Teresa G. Williams 400003677394--9
Street Address (P.O. Box Number is Not Acceptable)
3861 38th Street South -02/13/01--01093-004
Suite, Apt. #, Etc. ***35.00 ***35.00
City
St. Petersburg 400003677394--9
State FL Zip Code 33711 -02/13/01--01093-005-
***35.00 ***35.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Teresa G. Williams Date 1/15/01
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Ralph Ferguson	1210 Fargo Street South	St. Petersburg, FL 33712
NP/D	Keith George	4271 15th Avenue South	St. Petersburg, FL 33711
S/D	Bernita Franklin	5455 21st Way South #101	St. Petersburg, FL 33712
T/D	Teresa G. Williams	3861 38th Street South	St. Petersburg, FL 33711

10. 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: Teresa G. Williams Date 1/15/01 Daytime Phone # 727-866-8963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)