

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 FEB 12 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000006082

1. Corporation Name

THE AFRICAN-AMERICAN ARTS FESTIVAL COMMITTEE, IN  
C. OF OCALA, FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 4453  
OCALA FL 34478-4453

P.O. BOX 4453  
OCALA FL 34478-4453



REINSTATEMENT 01-02

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

12/12/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3289496

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	DAVIS, BERRY III	5761 N.E. 33RD ST.	SILVER SPRINGS FL 34479
DS	SLYKE, PATRICIA	6312 SE 41ST CT	OCALA FL
DV	SAMUEL, LARMONICA	6312 SE 41ST CT	OCALA FL
DT	WALLACE, CEDRIC J	3724 N.W. 107 TERR.	GAINESVILLE FL 32606
M	DEMPSEY, BRIAN	3360 SE 62ND STREET	OCALA FL 34480
PD	GILBERT, ULYSEUS	11830 SW 8TH ST	OCALA FL 34481

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAMUEL, LARMONICA  
LILLIAN BRYANT COMMUNITY CENTER  
2200 NW 17TH PL  
OCALA FL 34475

Name 5000004961725-6  
-02/20/02--01069--003  
Street Address (P.O. Box Number is Not Accepted) 5000004961725-6  
Suite, Apt. #, Etc. 5000004961725-6  
City 02/20/02--01069--004  
State Zip Code  
\*\*\*\*236 FL \*\*\*\*236.25

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/7/02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/7/02

Daytime Phone #

CR2040 (8/01)