

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 12 PM 3:07

DOCUMENT # N 96000000451

1. Corporation Name

FLORIDA BLACK HISTORICAL RESEARCH PROJECT,
INC

2. Principal Office Address - No P.O. Box #

1012 ADAMS ST

3. Mailing Office Address

P.O. BOX 225

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

WEST PALM BEACH, FLA

City & State

WEST PALM BEACH, FLA

Zip

33407

Country

USA

Zip

33402

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 22, 1996

5. FEI Number

650658184

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ISA HAMM BRYANT

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

1012 ADAMS ST

Suite, Apt. #, Etc.

N/A

City

WEST PALM BEACH

State

FL

Zip Code

33407

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

ISA Hamm Bryant

REGISTERED AGENT MUST SIGN

Date 9/15/2007

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
DS	KENNETH BOHANDN	3407 AVE VILLANDRY	DELRAY BEACH, FLA 33445
DP	ISA HAMM BRYANT	1012 ADAMS ST	W. PALM BEACH, FLA
DV	CURTIS FRANKLIN WILSON	21 CROSSING CIRCLE #A	BOYNTON BCH, FLA 33435
DC	LORENZO H. HAMM	617 EXECUTIVE CTR DRIVE #105	W. PALM BEACH, FLA 33401

700110113877
10/01/07--01035--015 **490.00

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 contained in Chapter 119, 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:

ISA Hamm Bryant

ISA HAMM BRYANT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/15/2007 832-6137

Daytime Phone #