

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JAN -8 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000003668

1. Corporation Name

The National African American Archives Museum, Inc

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

140 N. Volusia St.

Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip

32084

Country

U.S.A.

3. Mailing Office Address

140 N. Volusia St.

Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip

32084

Country

U.S.A.

700114239477
01/08/08--01005--002 **\$1.25

REINSTATEMENT 07

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/11/1996

5. FEI Number

59-3397757

☐ 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

Moses A. Floyd

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

140 N. Volusia St.

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32084

☒ 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

Moses A. Floyd

REGISTERED AGENT MUST SIGN

Date January 2, 2008

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
CD	Floyd, Moses A	140 N. Volusia St.	St. Augustine, FL 32084
SD	Rose, William S.	4980 NW 16th St.	Lauderhill, FL 33313
D	Davis, Willie C.	265 W. King St.	St. Augustine, FL 32084
D	Singleton, John	169 Martin Luther King Ave.	St. Augustine, FL 32084
D	Wall, Megan	108 1st St.	St. Augustine, FL 32080-6365
TD	Floyd, Ann	140 N. Volusia St.	St. Augustine, FL 32084

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/2008

Date

(904) 823-2150

Daytime Phone #