PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUL -9 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000735

1. Corporation Name

COALITION OF AFRICAN AMERICAN LEADERSHIP, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 200 THIRD AVENUE SOUTH<br>ST. PETERSBURG FL 33701 | 200 THIRD AVENUE SOUTH<br>ST. PETERSBURG FL 33701 |

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 |
|---|---|
| 2900 18th Ave. So. | P.O. Box 12713 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: St. Petersburg, FL | City & State: St. Petersburg, FL |
| Zip: 33712 Country: USA | Zip: 33733 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 02/04/1997

5. FEI Number: N/A — Applied For ☐ Not Applicable ☒

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)

REINSTATEMENT 98 90 TS

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address 3 (Do NOT Use Post Office Box) | City, State, Zip |
|---|---|---|---|
| Chair | Louis Brown, Jr. | 2900 18th Ave. So. | St. Petersburg, FL 33712 |
| Co-Chair | Gwendolyn Reece | 2900 18th Ave. So. | St. Petersburg, FL 33712 |
| Secretary | JoAnn Murray | 2900 18th Ave. So. | St. Petersburg, FL 33712 |
| Treasurer | Grady Terrell III | 2900 18th Ave. So. | St. Petersburg, FL 33712 |
| D. | Omali Yeshitela | 2900 18th Ave. So. | St. Petersburg, FL 33712 |
| D. | Manuel Sykes | 2900 18th Ave. So. | St. Petersburg, FL 33712 |

8. Name and Address of Current Registered Agent

SYKES, MANUEL
200 THIRD AVENUE SOUTH
ST. PETERSBURG FL 33701

9. Name and Address of New Registered Agent

Name: Louis Brown, Jr.
Street Address (P.O. Box Number is Not Acceptable): 2900 18th Avenue South
Suite, Apt. #, Etc.
City: St. Petersburg State: FL Zip Code: 33712

CR2E040 (9/98)

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 _____ Date 6/17/99

REGISTERED AGENT MUST SIGN LOUIS D BROWN JR 400001239224--4
-07/22/99--01097--006
(See other side for information)
****29.00 Intangible tax 297.50

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐

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: _____ 6/17/99 7273271834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LOUIS D BROWN JR