

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # **N97000000735**

1. Corporation Name

COALITION OF AFRICAN AMERICAN LEADERSHIP, INC.

Principal Place of Business

Mailing Address

200 THIRD AVENUE SOUTH
ST. PETERSBURG FL 33701

200 THIRD AVENUE SOUTH
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
2900 18th Ave. So.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
P.O. Box 12713
Suite, Apt. #, etc.

City & State
St. Petersburg, FL
Zip **33712** Country **USA**

City & State
St. Petersburg, FL
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)

Title(s)	Name of Officers and/or Directors	Address	City, State, Zip
Chair	Louis Brown, Jr.	2900 18th Ave. So.	St. Petersburg, FL 33714
Co-Chair	Gwendlyn Reece	2900 18th Ave. So.	St. Petersburg, FL 33715
Secretary	JoAnn Murray	2900 18th Ave. So.	St. Petersburg, FL 33716
Treasurer	Grady Terrell III	2900 18th Ave. So.	St. Petersburg, FL 33714
	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**

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

REGISTERED AGENT MUST SIGN

LOUIS D BROWN JR 400002939224-4

Date **6/17/99**

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

07/22/99-01097-006
****23 pg Intangible tax \$237.50

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS D BROWN JR

6/17/99

(Date)

7873271234

Daytime Phone #

FILED

99 JUL -9 PM 3:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



CR2E040 (9/99)