

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

13 OCT 31 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000004598**

1. Corporation Name

**AFRICAN AMERICAN Development  
Council, Inc.**

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

**2231 Mel Margo Apt  
Apt 1504  
Live Oak, Florida**

Suite, Apt. #, etc.

City & State

**32064 USA**

Country

3. Mailing Office Address

**2231 Mel Margo Ave  
Apt 1504  
Live Oak, Florida**

Suite, Apt. #, etc.

City & State

Zip

**32064 USA**

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**51-3708106**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

**yes**

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

**YVONNE V. Scott President  
2231 Mel Margo Ave  
Apt 1504  
Live Oak**

Name

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

Suite, Apt. #, etc.

City

State

**FL**

Zip Code

**32064**

NOV -4 2013

L. SELLERS

500253405685

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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

**Yvonne V. Scott**

REGISTERED AGENT MUST SIGN

Date **10/28/2013**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles                         | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip             |
|--------------------------------|--------------------------------------|---|--------------------------------|
| <b>S</b>                       | <b>MURLIN Wells</b>                  | <b>7833 103 RD</b>                                | <b>Live Oak, Florida 32060</b> |
| <b>V</b>                       | <b>Tommie Jefferson</b>              | <b>516 Roger Avenue NW</b>                        | <b>Live Oak, Fla 32064</b>     |
| <b>P</b>                       | <b>YVONNE Scott</b>                  | <b>2231 Mel Margo Ave<br/>Apt 1504</b>            | <b>Live Oak, Florida 32064</b> |
| <b>T</b>                       | <b>Joyce Hall Marshall</b>           | <b>10934 128 Street</b>                           | <b>Live Oak, Fla. 32060</b>    |
| <b>REINSTATEMENT 2012-2013</b> |                                      |   |                                |

10. E-mail Address: **evscott894@aol.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

**Yvonne V. Scott, YVONNE V. Scott**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/29/2013 386-209-8992**

Date

Daytime Phone