

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC -6 PM 12: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005387

1. Corporation Name

FIRST COAST AFRICAN AMERICAN CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

1817-A N. MYRTLE AVENUE
JACKSONVILLE FL 32209

1817-A N. MYRTLE AVENUE
JACKSONVILLE FL 32209



REINSTATEMENT

99

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

4. Date Incorporated or Qualified To Do Business in Florida

09/16/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

593480332

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CD	SIPLIN, LEWIS	1817-A N. MYRTLE AVENUE	JACKSONVILLE FL 32209
PD	MURRAY, CHERYL JOHNSON	1817-A N. MYRTLE AVENUE	JACKSONVILLE FL 32209
TD	ELAM, TERESA W	1817-A N. MYRTLE AVENUE	JACKSONVILLE FL 32209
PD	FOWLER, LOVELLA	1817-A N. MYRTLE AVENUE	JACKSONVILLE FL 32209

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ELAM, TERESA W
1817-A N. MYRTLE AVENUE
JACKSONVILLE FL 32209

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Teresa W. Elam

Date

10/29/99

REGISTERED AGENT MUST SIGN

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., 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)(l), 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

Lovella Fowler

Date

10/29/99

Daytime Phone #

KE

CRZEMO (899)