

FILED

FILED
Mar 02, 2001 8:00 A.M.
Secretary of State

CORPORATION
 2000-2001
 UBR



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

DOCUMENT # N99 000000 247
 1. Corporation Name
 Florida Black AIDS Network

2. Principal Office Address
 7810 NW 5th Place

3. Mailing Office Address
 SAME

Suite, Apt. #, etc.

City & State
 Fort Lauderdale, FL

Zip Country
 33324 USA

4. Date Incorporated or Qualified To Do Business in Florida
 1998

5. FEI Number
 65-0957821

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
 Georgia Foster
 Street Address (P.O. Box Number is Not Acceptable)
 7810 NW 5th Place
 Suite, Apt. #, Etc.
 City
 Fort Lauderdale

800003912948-3
 03/27/01-01092-029
 ****131.25 ****131.25

State Zip Code
 FL 33324

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: *[Signature]*
 Date: 02/21/01
 REGISTERED AGENT MUST SIGN

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
Pres	Georgia Foster D	7810 NW 5th Place	Fort Lauderdale FL, 33324
Vice Pres	LAWANNA GEIZER D	1310 W Colonial Drive, Suite 29	Orlando, FL 32804
Corp Sec	Rev. Marilyn Usher-Hardy D	915 NW 1st Ave # H2201	Miami Florida 33136
Sec	Samuda Johnson D	6002 31st St W	Bradenton FL 34209
Treas	Rev Sherron Parrish D	285 NW 199 St	Miami FL 33169

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 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 02/05/01 (954) (677-5770)
 Daytime Phone #

CR2E081 (9/00)

Page 2 of 2

P.O. Box 17352
Fort Lauderdale, FL 33318
(954) 475-2873
(954) 475-4593 fax
FBAN954@aol.com

FLORIDA BLACK AIDS NETWORK

February 8, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

ATTN: Tyrone Scott

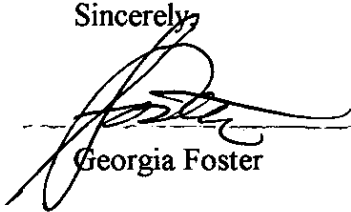
Dear Mr. Scott;

Thank you for sending me the reinstatement form to reinstate the Florida Black AIDS Network as a nonprofit organization.

As I mentioned to you via telephone we never received the annual report to be completed and returned back to the Division of Corporations. We are asking that the late fees be waived. I am including payment for 2000 and 2001, of \$122.50; plus \$8.75 to cover the cost of the certificate; which totals \$131.25.

Thank you for researching this for me.

Sincerely,



Georgia Foster

GF:rj

Enclosure

We are as Strong as our Weakest Link