

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 12 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 099000000374

1. Corporation Name

St. Petersburg Area Black
Chamber of Commerce

2. Principal Office Address

1950-1st Avenue North

Suite, Apt. #, etc.

Suite 211/212

City & State

St. Petersburg, FL

Zip Country

33713 U.S.A.

3. Mailing Office Address

1950-1st Avenue North

Suite, Apt. #, etc.

Suite 211/212

City & State

St. Petersburg, FL

Zip Country

33713 U.S.A.

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

5. FEI Number

59-3553939

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

100004324461--4

-05/29/01--01002--030

*****8.75 *****8.75

7. Name and Address of Current Registered Agent

Name

Lorian S. Williams

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

1950 1st Avenue North

Suite, Apt. #, Etc.

Suite 211 & 212

City

St. Petersburg

State

FL

Zip Code

33713

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

Lorian S. Williams

REGISTERED AGENT MUST SIGN

Date 3-21-01

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
<u>PD</u>	<u>Gwendolyn Washington</u>	<u>2612 Grand Circle W</u>	<u>St. Petersburg, FL 33712</u>
<u>VP</u>	<u>Ronald Donaldson</u>	<u>2067 1st Avenue North</u>	<u>St. Petersburg, FL 33713</u>
<u>T</u>	<u>Donald Collins</u>	<u>3606 Central Avenue</u>	<u>St. Petersburg, FL 33712</u>
<u>D</u>	<u>Cindy Cook</u>	<u>14820 Ruede Bayonne Unit 406</u>	<u>Clearwater, FL 33762</u>
<u>VS</u>	<u>Lonnie Donaldson</u>	<u>2500 Dr. Martin Luther King St. S.</u>	<u>St. Pete, FL 33705</u>
<u>D</u>	<u>Lorian S. Williams</u>	<u>2620 Mikol Terrace S</u>	<u>St. Petersburg FL 33712</u>

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:

LORIAN S. WILLIAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/21/01

Daytime Phone #

(727) 822-1203