

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 11 PM 5:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N99000003338

**1. Corporation Name**

Gulf Coast African American  
Chamber of Commerce, Inc

**REINSTATEMENT**

000028640230  
02/12/04--01023--017 \*\*236.25

83-04

**2. Principal Office Address**

17 West Maxwell St

Suite, Apt. #, etc.

**3. Mailing Office Address**

PO Box 17844

Suite, Apt. #, etc.

City & State

Pensacola, Florida

Zip Country

32501

USA

City & State

Pensacola, Florida

Zip Country

32522

USA

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

May 28,

5. FEI Number 1999-

59-368 1641

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Henry Harris

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

1090 Bartow Ave

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32507

000028640230  
03/11/04--01014--020 \*\*61.25

**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

*Henry Harris*

REGISTERED AGENT MUST SIGN

Date

2/26/2004

**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
CD	Cornelius Wooten	5787 Anna Simpson Rd	Milton, FL 32583
SD	Darnell Sims	2002 Filly Road	Cantonment, FL 32533
TD	Linda Thompson	3642 Barancas Ave	Pensacola, FL 32507

**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:**

*C. Wooten*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/2/04 850-474-2209

Daytime Phone #

CR2E081 (10/02)