

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAR 26 PM 12:47

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N9900000 3338**

1. Corporation Name

Gulf Coast African American Chamber of Commerce

500121353695  
03/26/08--01037--011 \*\*353.00

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

17 W. Maxwell Street

Suite, Apt. #, etc.

City & State

Pensacola

Zip

32501

Country

Escambia

3. Mailing Office Address

17 W. Maxwell Street

Suite, Apt. #, etc.

City & State

Pensacola

Zip

32501

Country

Escambia

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

05/28/1999

5. FEI Number  
593681641

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

Phylesia Baldwin

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

17 W. Maxwell Street

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32501

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Phylesia Baldwin*  
REGISTERED AGENT MUST SIGN

Date 02/14/2008

**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	Van Mansker	5131 Chandelle Dr.	Pensacola, Florida 32507
SD	Phylesia Baldwin	2057 Pin High Dr.	Pensacola, Florida 32526
VP/D	Oliver Darden	321 N. Devillers St Ste. 206	Pensacola, Florida 32501

REINSTATEMENT

06-08 B 3/27/08

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 contained in Chapter 119, 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:

*Phylesia Baldwin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/2008 850-433-0593

Date

Daytime Phone #