

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ADUUBR

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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DOCUMENT # **N99000004213**

1. Corporation Name

**NATIONAL BLACK LEADERSHIP INITIATIVE ON CANCER,
 FLORIDA COALITION INC.**

Principal Place of Business

Mailing Address

8400 N.E. 2 AVE., #12
 MIAMI FL 33147

P.O. BOX 470365
 MIAMI FL 33247



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

07/06/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-1054677

Not Applicable

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
(D)	KIM V. HEARD	8400 N.W. 32 COURT MIAMI, FL. 33147	MIA., FL. 33147
(D)	MARY S. WHITEHEAD	760 N.W. 199 ST.	MIA., FL. 33169
(D)	GERSHYWN BLYDEN, M.D.	8335 N.E. 2 AVE.	MIA., FL. 33150
			300003538923--5 -01/16/01--01145--001 *****61.25 *****61.25
			<i>JA 1/9/01</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WHITEHEAD, MARY S
 760 N.W. 199 STREET
 MIAMI FL 33169

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Mary S. Whitehead (D)

REGISTERED AGENT MUST SIGN

Date

11/9/2000

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary S. Whitehead (D) Mary S. Whitehead (D) 11/9/2000 35 33169

Date

Daytime Phone #

CR2ED40 (8/00)