

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

PS 195
FILED
04 APR -1 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P29234

1. Corporation Name

Africare, Inc.

2. Principal Office Address

440 R Street, NW

Suite, Apt. #, etc.

City & State

Washington, DC

Zip

20001

Country

USA

3. Mailing Office Address

440 R Street, NW

Suite, Apt. #, etc.

City & State

Washington, DC

Zip

20001

Country

USA

REINSTATEMENT 98.00

4. Date Incorporated or Qualified
To Do Business in Florida

5/1/1990

5. FEI Number

23-7116952

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

NRAI Services, Inc.

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

526 E. Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee,

State

FL

Zip Code

32301

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

Sue Brodtman

Sue Brodtmann, asst.

secretary

Date 3-22-04

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
<u>Please see Attached List</u>			<u>700031700847</u> <u>04/01/04 01048 015 **603.75</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:

Julius E. Coles

Julius E. Coles President 2/20/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TR

13 2 95

ATTACHMENT 9

Principal Salaried Executives for Africare:

Julius E. Coles, President

John W. Woody, Jr., CPA/Director of Finance

Address for the above individuals:

440 R Street, NW

Washington, DC 20001

202-462-3614

Please see attached board list

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Africare Board of Directors (02/13/03)

✓ **Mr. Larry D. Bailey**

1725 K Street, NW
Suite 412
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202-293-6999 (Fax)
494-6347 (Cell)

✓ **Mr. Daniel A. Carp**

Chairman and Chief Executive Officer
Eastman Kodak Company
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585-724-1169 (Telephone)
585-724-6504 (Telephone - Exec. Asst.)
585-724-5700 (Fax)
daniel.carp@kodak.com

✓ **Mr. Julius E. Coles**

President
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jcoles@africare.org
(Ex-Officio)

George A. Dalley, Esq. (Chairman)

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202-225-0816 (Fax - office)
202-225-7265 (Cellular phone)
(Office e-mail: see Dalley file)
Contact at: Office fax - above
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gdalley@aol.com

Mr. MacArthur DeShazer, Sr.

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Vice President, Federal Gov. Relations
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His Excellency Nelson R. Mandela

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(Honorary Chairman)

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Mr. Clyde B. Richardson (Treasurer)

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