PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION	
REINSTATEMENT	

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State DIVISION OF CORPORATIONS

P99000051119 **DOCUMENT #**

1. Corporation Name

BLACK STUNTMEN FOUNDATION, INC.

Principal Place of Business

Mailing Address

3033 ROCKINGHAM CIR ORLANDO FL 32808

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

.3033-ROCKINCHAM-CIR ORLANDO FL 32908

Battegone Pr Daverport H

FILED

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SEUNCIANT DE STATE TALLAHASSEE. FLORIDA



Date

					33817			•	
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 06/07/1000			
Suite, Apt. #, etc. Suite, /		Suite, Apt. #	, etc.	,	5. FEI Number Applied For				
City & State City & Sta			City & State	9		-	59-3580482	Not Applicable	
Zip Country Zip			Zip	Country		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	orida nonprof	it corporations must list at lea	ast 3 directors)			
Title(s)				Street Address of Each Officer and/or Director			City / State / Zip		
PST	RICE, STA	NLEY B'JR.	3033 ROCKINGHAM CIR				ORLANDO FL 32808		
VP	VP RICE, VARIAN R		227 BATTLEGROVE DRIVE			DAVENPORT FL 33837			
			600008696636 10/30/02=-01043=-016 **150.00						
			KINA						
					β				
-	8. Nam	ne and Address of Curren	t Registered Age	ent _	·	Name and Address of New Registered Agent			
חופר	CTANIEV D	ID.			Name				
	STANLEY B				Street Address (P.O. Box Number is Not Acceptable)				
3033 ROCKINGHAM CIR ORLANDO FL 32808				Suite, Apt. #, Etc.					
OnDa	100 1 6 020				Suite, Apr. #, Etc.	•			
					City		State FL	Zip Code	
10. I, being	appointed the	e registered agent of the at	ove named corp	oration, am fa	amiliar with and accept the o	bligations of Section	on 607.0505, F.S. or 617.050	05, F.S.	
Signature o Registered	Agent	Mesotiale	A DR 4	ENT MUST	QUIRED		Date 10 27	102	
this rein	statement app the corporati	ofication, the reason for dis- tion have been paid and the	solution has been names of individ	ı eliminated, i luals listed o	the corporate name satisfies	the requirements an exemption und	pter 607 or 617, F.S. I furthe of section 607.0401 or 617.0 der section 119.07(3)(i), F.S.	401. F.S., that all fees	

NAME OF SIGNING OFFICER OR DIRECTOR

BLACK STUNTMEN FOUNDATION, INC. 3033 ROCKINGHAM CIRCLE ORLANDO, FL. 32808

October 28, 2002

Secretary of State Division of Corporation P.O.Box 6327 Tallahassee Fl 32314

Ref:-

Document #P99000051119 EIN: -59-3580482 Waiver of penalty

Dear Sir/Madam,

With reference to above, I undersigned RICE VARIAN R. Vice President of BLACK STUNTMEN FOUNDATION, INC. would like to request you to waive the penalty for non-payment of Annual Filing Fees for 2002 on the following grounds.

I never received the Annual Filing Form for 2002, as I moved from old house to a new house, may be lost in the mail and/or delivered back to you, which was not forwarded to us. Unfortunatley, I never realized that I did not pay the annual filing fee for 2002 as I did not received the Filing Form for the year 2002. I made a mistake due to lack of knowledge and information & unavoidable circumstances. I would like to request you to waive the penalty on the basis of lack of knowledge, information and misunderstandings.

I am enclosing herewith the check of \$150.00 being an annual filing fee for 2002 as an exceptional case. I assure you that this is not going to happen in the future, if I will receive the Form on or before due date. Please waive the penalty on the basis of lack of knowledge, information, misunderstanding and undue hardship in this bad economy. Thanking you in advance for your cooperation. Sorry for the inconvenience that caused to you.

(RICE VARTAN R.)

epcl:- as above Ck of \$150