

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000100217

1. Corporation Name

AFRICANPUBLISHERS.COM, INC.

Principal Place of Business

Mailing Address

4773 RICHMOND MEWS
HAVENHILL FL 33415

P.O. BOX 18469
WEST PALM BEACH FL 33416-8469

33416-8469

REINSTATEMENT

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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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/1999

5. FEI Number

65-0962520

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO	IVORY, GWENDOLYN	4773 RICHMOND MEWS	HAVENHILL FL 33415
PD	IVORY, GWENDOLYN	4773 RICHMOND MEWS	HAVENHILL FL 33415
STD	IVORY, LEE	4773 RICHMOND MEWS	HAVENHILL FL 33415

400003455654--4

11/07/00 01034 010

****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~WARD, ZENORA KERR~~
~~5725 CORPORATE WAY, STE 206~~
~~WEST PALM BEACH FL 33407~~

Name

IVORY, GWENDOLYN

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

4773 RICHMOND MEWS,

Suite, Apt. #, Etc.

HAVENHILL,

City

State

FL

Zip Code

33415

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

James R. Collins
REGISTERED AGENT MUST SIGN

Date OCT. 12, 2000

CR2E040 (9/00)

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT. 12, 2000

Date

561-844-5501

Daytime Phone #