PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATI			Se	DEPARTI Secretary SION OF CO	of St		E	FILED 08 SEP 23 AHII: 29	
DOCUMENT # N05000008493 1. Corporation Name								MILLAHASSEE, FLORIDA	
American Corporation for Caribbean Children, Inc.								Į	
								100136226331 09/22/0801069002 **183.75	
2. Principal Office Addre		P.O. Box #	3. Mailing Off					REINSTATEMENT 06-08	
1583 E. Silver Sta	ar Rd_		1583 E. Sil		r Rd			116116 J 1 FERZEGET (12)07) U6-V 8	
Suite, Apt. #, etc.		I	Suite, Apt. #, e	AC.			1	4. Date Incorporated or Qualified	
City & State			City & State					To Do Business in Florida	
Ocoee, FL			Ocoee, FL	,				5. FEI Number	
Zip	Country				Count	itry	_	Not Applicable 6. \$8.75 Additional Fee requires	
34761	761 USA		34761		USA	4		CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status	
	7. Na	ime and Address of	Current Registe	tered Agent	.t				
Name Jan R. Lalgee							_]	✓ The reinstatement fee is imposed, except in	
Street Address (P.O. Bo		er is Not Acceptable)					 circumstances which the entity did not receive the prior notices. By checking this box, you 	
1583 E. Silver Sta	ar Rd							are certifying the prior notices were not	
Suite, Apt. #, Etc. 133								received and requesting the reinstatement fee be waived.	
City Ocoee					State FL	Zip Code 34761		. lee de walved.	
8. I, being appointed th	ne register	red agent of the abo	ve named corpor	ration, am fa	amiliar	with and accept the	the obli	obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent Agent MUST SIGN								Date 9/18/08	
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				S	Street Address of E Officer and/or Dire	Each	h Cit. (State 17)	
P J.R. Lak	J.R. Lalgee				1583 E. Silver Star Rd			Ocoee, FL 34761	
V R.P. Lale	R.P. Lalgee				1583 E. Silver Star Rd			Ocoee, FL 34761	
T C.K. Ra	C.K. Ramasar			1583 E. Silver Star Rd				Ocoee, FL 34761	
Mg/23									
		7	1						
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: 9/18/08 407-580-5241 Date Daytime Phone #									