
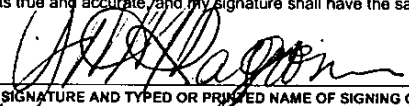


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 FEB 15 PM 3:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>N21785</u>				
1. Corporation Name ST LUCIA ASSOCIATION OF SOUTH FLORIDA INC				
2. Principal Office Address 12289 PEMBROKE ROAD		3. Mailing Office Address		
Suite, Apt. #, etc. STE 40		Suite, Apt. #, etc.		
City & State PEMBROKE PINES, FL		City & State		
Zip 33025	Country USA	Zip	Country	
		4. Date Incorporated or Qualified To Do Business in Florida 07-30-87		
		5. FEI Number 59-2838825	Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name JOAN RAGOONAN-HINKSON				
Street Address (P.O. Box Number is Not Acceptable) 18715 NW 10TH COURT				
Suite, Apt. #, Etc.				
City MIAMI		State FL	Zip Code 33169	
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		400047422494 03/01/05 Date 01003-019 **19250 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	
P	JOAN RAGOONAN HINKSON	18715 NW 10TH CT	MIAMI, FL. 33169	
VP	RUFINA LEWIS	2800 175TH STREET	MIAMI, FL. 33056	
T	MARTHA GEORGE	1604 NW 143RD TERRACE	PEMBROKE PINES, FL. 33028	
S	CLARA JALIM-GUSTAVE	4741 NW 173RD DRIVE	MIAMI, FL. 33055	
TR	MARGARET GUSTAVE	201 NE 30 CT,	POMPANO BCH, FL. 33064	
TR	BARBARA FLAVIUS	3317 SW 3RD STREET	DEERFIELD, FL. 33442	
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: 		2/7/05 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				

CR2E081 (01/05)



**ST. LUCIA ASSOCIATION OF SOUTH
FLORIDA, INC.
12289 PEMBROKE ROAD, STE 40
PEMBROKE PINES, FL. 33025**

February 7th 2005

**Department of State
Division of Corporations
P. O. Box 6327
Tallahassee FL. 32314**


REF: DOCUMENT # N21785

Dear Sir/Madame,

Kindly accept the enclosed check in the amount of \$192.50 which represents the renewal fee for the years 2003, 2004 and the current 2005. We respectfully ask that you waive the reinstatement fee, as the registered agent was seconded to another state and the replacement personnel never received the renewal forms.

We thank you in advance for your kind consideration.

Sincerely,


Joan Hinkson-Ragoonan