

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
07 JUL 19 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **11 N37089**

1. Corporation Name  
**ANTIGUA AND BARBUDA ASSOCIATION OF FLORIDA, INC.**

Principal Place of Business <b>8290 LAKE DRIVE APT. #203 MIAMI, FLORIDA 33166</b>	Mailing Address <b>8290 LAKE DRIVE APT. #203 MIAMI, FLORIDA 33166</b>
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\*\*\*\*306.25 \*\*\*\*306.25

**REINSTATEMENT 98-99**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>8290 LAKE DRIVE Suite, Apt. #, etc 203 MIAMI, FLORIDA 33166</b>	3. New Mailing Office Address, If Applicable <b>8290 LAKE DRIVE Suite, Apt. #, etc. 203 MIAMI, FLORIDA 33166</b>	4. Date Incorporated or Qualified To Do Business in Florida <b>MARCH 15, 1990</b>
5. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P	<del>DENISE D. NICHOLAS-IKPETE</del>	<del>8290 LAKE DR. #203</del>	MIAMI, FLORIDA 33166
D	DENZIL ADAMS	20353 N.W. 39 CT.	MIAMI, FLORIDA 33055
D/T	MANNIX CASPER	1320 N.W. 198 STREET	MIAMI, FLORIDA 33165
D/S	DESIREE BARNES	7814 N.W. 1ST STREET	MARGATE, FL. 33063

8. Name and Address of Current Registered Agent <b>DENISE D. NICHOLAS-IKPETE 8290 LAKE DRIVE APT. #203 MIAMI, FLORIDA 33166</b>	9. Name and Address of New Registered Agent Name <b>DENISE D. NICHOLAS-IKPETE</b> Street Address (P.O. Box Number is Not Acceptable) <b>8290 LAKE DRIVE</b> Suite, Apt. #, Etc <b>203</b> City <b>MIAMI</b> State <b>FL</b> Zip Code <b>33166</b>
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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 *Denise D. Nicholas-Ikpete* REGISTERED AGENT MUST SIGN Date **07-16-99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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 in 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: **DENISE D. NICHOLAS-IKPETE** *Denise D. Nicholas-Ikpete* 07-16-99 (305) 375-2930  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)