

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 24 AM 8:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N37089

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

2. Principal Office Address
100 NE 15TH STREET

3. Mailing Office Address
P O BOX 970536

Suite, Apt. #, etc.
204

Suite, Apt. #, etc.

City & State
HOMESTEAD

City & State
MIAMI, FL.

Zip Country
33030 USA

Zip Country
33197 USA

REINSTATEMENT 03

4. Date incorporated or Qualified To Do Business in Florida **03/15/1990**

5. FEI Number
65-1021683

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
LEON FRANCIS

Street Address (P.O. Box Number is Not Acceptable)
100 NE 15TH STREET

000025755380

Suite, Apt. #, Etc.
204

12/24/03--01037--017 **236 25

City
HOMESTEAD

State Zip Code
FL 33030

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 *Francis*
REGISTERED AGENT MUST SIGN

Date *12/20/03*

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
D/P	FRANCIS, LEON	10835 SW 157TH TERRACE	MIAMI, FL 33157
D	DANIEL, WILLIS	2240 SHERMAN CIR #305	MIRAMIR, FL 33126
D/T	GARDNER, STEVE L.	1150 NW 72ND AVE #760	MIAMI, FL 33126
D/S	BRAMBLE, BEVERLY	20130 NW 13TH CT	MIAMI, FL. 33169

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: *Francis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *12/20/03* 305 247-0111
Daytime Phone #

CR2E081 (10/02)