

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000001894

FILED
May 22, 2012
Secretary of State

Entity Name: TRINIDAD & TOBAGO NURSES ASSOCIATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

18610 NW 8TH AVE
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

18610 NW 8TH AVE
MIAMI, FL 33169 US

New Mailing Address:

FEI Number: 65-0746662 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CUMBERBATCH, CAROL
9760 GLACIER DR
MIRIMAR, FL 33025 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CAROLE CUMBERBATCH

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV
Name: PEREZ, MAVIS
Address: 2813 EAST LEXINGTON DR
City-St-Zip: MIRAMAR, FL 33025

Title: DP
Name: CUMBERBATCH, CAROL
Address: 9760 GLACIER DR
City-St-Zip: MIRIMAR, FL 33025

Title: DS
Name: SAMUELS, AGATHA
Address: 520 NW 157TH STREET
City-St-Zip: MIAMI, FL 33169

Title: DT
Name: MAYERS, KAVEN
Address: 3833 SW 164 TERRACE
City-St-Zip: MIRIMAR, FL 33027

Title: T
Name: GABRIEL, BRENDA
Address: 3961 NW 207 DR
City-St-Zip: MIAMI, FL 33055

Title: T
Name: SIMMONS, GRACE G
Address: 4 NE 205 TER
City-St-Zip: MIAMI, FL 33179

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TREASURER/ KAVEN MAYERS

MRS

05/22/2012

Electronic Signature of Signing Officer or Director

Date