

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

00 OCT 27 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000006825**

1. Corporation Name

Chaconia Fund Services, Inc.

2. Principal Office Address

1000 Brickell Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 800

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33131-3047

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/23/97

5. FEI Number

650800677

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

200003455182--8

-11/07/00--01068--003

****750.00 ****750.00

REINSTATEMENT 00

FL 33324

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

Christine M. Eastwine

Date

10/26/00

REGISTERED AGENT MUST BE Assistant Secretary

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
PD	Clarry Benn	74 Independence Sq.	Port-of-Spain. Trinidad & Tobago, West Indies
VTD	Renrick Nickie	74 Independence Sq.	Port-of-Spain Trinidad & Tobago, West Indies
D	Judy Y. Chang	74 Independence Sq.	Port-of-Spain Trinidad & Tobago, West Indies
S	Ulice Payne, Jr.	777 East Wisconsin Avenue Suite 3700	Milwaukee, WI 53202
D	Dr. Roosevelt J. Williams, PHD	Cipriani College Churchill Roosevelt Hiway	Valsayn Trinidad & Tobago, West Indies

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:

CLARRY BENN

OCTOBER 23, 2000

305-374-2131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #