

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 17 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N01000004452

1. Corporation Name

FLORIDA STEELBAND ASSOCIATION, INC.

*[Handwritten initials]*

**REINSTATEMENT 2003**

WOP

2. Principal Office Address

22179 SW 98th PL

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL.

City & State

Zip

33190-1527

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

6/22/2001

5. FEI Number

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

Myrna Kemahan

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

22179 SW 98th PL

000024714640

11/14/03--01076--003 \*\*61 25

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33190

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

REGISTERED AGENT MUST SIGN

Date 10/31/2003

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
T	Mascal, George	337 Riunite Cir.	Winter Springs FL.32708
T	Pouchet, Junior	8033 Laurel Tree Dr.	Orlando, FL. 32819
T	Batson, Dawn, Dr.	8611 NW 29th St.	Sunrise, FL 33322
D	Kemahan, Michael G.	22179 SW 98th PL	Miami, FL. 33190
D	Shaw, Carlyle	125 NW 193rd Ct.	Miami, FL. 33169
D	Batson-George, Arlene	1041 NW 81st Terr.	Plantation, FL 33322

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:

*[Handwritten signature of Michael G. Kernahan]*

Michael G. Kernahan

10/31/2003

305-238-9769

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

FSA

**FLORIDA STEELBAND ASSN.**

22179 SW 98<sup>th</sup> PL. ~ Miami, FL. 33190-1527 ~ USA

Phone 305-238-9769 ~ Fax 305-378-6079

E-mail: [kernahan@bellsouth.net](mailto:kernahan@bellsouth.net)

November 10, 2003

Dept. of State  
Div. of Corporations  
P.O.Box 6327  
Tallahassee, FL.32399

Re: Document No. N01000004452

Gentlemen:

We are requesting a waiver of fees for reinstatement as we did not receive our filing forms because of our address change and have experienced mail not being forwarded to our new address.

In calling your office, I spoke with Tina and was advised to submit this letter of explanation along with enclosed forms and fees of \$61.25. We have updated all information.

Respectfully,



Michael G. Kernahan, Pres.

Cc: Myrna Kernahan, Res. Agent

Encl.

2 of 2