

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000005809

1. Corporation Name

N'CANA NATIONAL CARIBBEAN AMERICAN NURSES ASSOCIATION, INC

Principal Place of Business

4115 NW 22ND STREET
COCONUT CREEK FL 33066

Mailing Address

4115 NW 22ND STREET
COCONUT CREEK FL 33066

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/13/2001

5. FEI Number

05-1134136

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/(T)	Vedna Lacombe	4115 NW 22nd Street	Coconut Creek, FL 33066
V/(T)	Arretha Daley	2947 Riverside Dr	Coral Springs, FL 33065
T/(T)	Doris Lacombe	7809 NW 71 Ave	Tamarac, FL 33321
P/D	Vedna Lacombe	4115 NW 22nd Street	Coconut Creek, FL 33066
V/D	Arretha Daley	4115 NW 22nd St.	Coconut Creek, FL 33066
T/D	Doris Lacombe	4115 NW 22nd St.	Coconut Creek, FL 33066

8. Name and Address of Current Registered Agent

LACOMBE, VEDNA K
7809 NW 71ST AVE
TAMARAC, FL 33321

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

10/22/02

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02

Date

954 979 1552

Daytime Phone #

CR2040 (8/02)

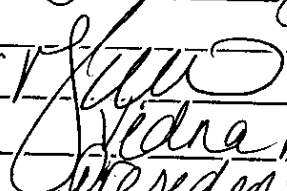
Dear Sir or madam,

I'm writing you regarding reinstatement and filing regarding the uniform business report.

I never received the two prior uniform business reports due to the a mix up with my P.O. Box and subsequent non transferal of mail to another address.

I ask that the reinstatement fee be waived in light of these errors and I am forwarding you the report along with the filing fee. Sorry for any inconvenience.

Thank you,


Vidna Lacomba
President/Director
N'Carina