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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 26 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N02000005525  
Corporation Name  
ST. VINCENT AND THE GRENADINES CULTURAL ASSOCIATION INC.

2. Principal Office Address  
541 SW 70TH AVENUE

3. Mailing Office Address  
SAME

Suite, Apt. #, etc.

City & State  
PEMBROKE PINES, FLORIDA

City & State  
PEMBROKE PINES, FL

Zip  
33023

Country  
BROWARD

Zip  
33023

Country  
BROWARD

4. Date Incorporated or Qualified To Do Business in Florida  
JULY 19, 2002

5. FEI Number  
04-3710182

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  
MAUDE SAMUEL

Street Address (P.O. Box Number is Not Acceptable)  
541 SW 70TH AVENUE

Suite, Apt. #, Etc.

City  
PEMBROKE PINES,

State  
FL

Zip Code  
33023

500031291815  
03/26/04--01100--003 \*\*\*22.50

500031291815  
03/26/04--01100--004 \*\*\*.75

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  
*Maude Samuel*

REGISTERED AGENT MUST SIGN

Date  
12/28/03

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
P	BASIL CAMBRIDGE	700 N. 70TH AVENUE	HOLLYWOOD, FLORIDA 33024
VP	JOHN HAMLET	117 NE 91 STREET	MIAMI, FLORIDA 33138
S	MAUDE SAMUEL	541 SW 70TH AVENUE	PEMBROKE PINES, FLORIDA 33023
T	MAREEZE EDWARDS	16213 NW 18TH STREET	PEMBROKE PINES, FLORIDA 33028

REINSTATEMENT 03-04

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: *Maude Samuel*  
MAUDE SAMUEL

Date  
12/28/03

Daytime Phone #  
954-965-8554

CR2E081 (10/02)



**ST. VINCENT  
AND THE GRENADINES  
CULTURAL ASSOCIATION**

**541 SW 70TH AVE  
PEMBROKE PINES FL. 33023  
954-965-8554**



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December 28, 2003

Florida Department of State  
P. O. Box 6327  
Tallahassee, Florida 32314

Dear Sir/Madam:

Re: Uniform Business Report (2003) for Saint Vincent and the Grenadines  
Cultural Association  
E.I.N.: 04-3710182.

On behalf of the Saint Vincent and the Grenadines Cultural Association (a non-profit Florida Corporation) we are kindly requesting a waiver of the reinstatement fee and any other penalties or late fees due because our failure to timely file the corporation's annual Uniform Report for 2003.

This has been our first year of operation and we did not receive the necessary filing forms.

In anticipation of your favorable consideration we have enclosed the 2003 filing fee of \$61.25.

Sincerely,

Maude Samuel

Secretary

St. Vincent and the Grenadines Cultural Association