

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL -8 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N02000008502**

1. Corporation Name

African, American and Caribbean Heritage, Corp.

16014 N.W. 27th Avenue

2. Principal Office Address

16014 N.W. 27th Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Opa-Locka, FL

City & State

Zip

33054

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 11-5-2002

5. FEI Number

48-1297983

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

Nadine Desormeau

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

16014 NW 27th Avenue

Suite, Apt. #, Etc.

City

Opa-Locka

State

FL

Zip Code

33054

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of  
Registered Agent

*Nadine Desormeau*

REGISTERED AGENT MUST SIGN

Date 7-1-04

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	Rasheed Akangbe	16014 N.W. 27th Avenue	Opa-Locka, FL 33054
S/T/D	Nadine Desormeau (Director)	16014 N.W. 27th Avenue	Opa-Locka, FL 33054
D.	Neil Miller	16014 N.W. 27th Avenue	Opa-Locka, FL 33054
D	Pamela G Williams	16014 N.W. 27th Avenue	Opa-Locka, FL 33054

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 807 or 817, 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 807.0401 or 817.0401, 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:

*Nadine Desormeau*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/04

Date

305-474-0266

Daytime Phone #

CR-0001 (07/04)