

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N02000008502**

1. Corporation Name

**AFRICAN, AMERICAN AND CARIBBEAN HERITAGE, CORP.**

Principal Place of Business

16014 N.W. 27TH AVENUE  
OPA-LOCKA FL 33054

Mailing Address

16014 N.W. 27TH AVENUE  
OPA-LOCKA FL 33054

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

11/05/2002

5. FEI Number

48-129-7983

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
Pres/D	Basheed D. Akangbe	16014 N.W. 27th Avenue	Miami Gardens, FL 33054
D	Neil Miller	13351 Port Sand RD	Opalocka FL 33054
D	David Botime	16014 N.W. 27th Avenue	Miami Gardens, FL 33054

100023998701  
10/22/03--01010--003 \*\*61.25

8. Name and Address of Current Registered Agent

DESORMEAU, NADINE  
16014 N.W. 27TH AVENUE  
OPA-LOCKA FL 33054

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

*Nadine Desormeau* **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10/15/03

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:

*Nadine Desormeau* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/03

Daytime Phone #

CR2E040 (7/03)

**AFRICAN, AMERICAN AND CARIBBEAN HERITAGE, CORP.**

16014 N.W. 27<sup>th</sup> Avenue, Miami Gardens, FL 33054

305-474-0266

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

October 15, 2003

To whom it may concern,

The Notice of Administrative Dissolution or Revocation is the first and only notice that we have received. We are requesting a waiver of the reinstatement fee. Enclosed is a check in the amount of \$61.25 for the annual report fee.

If necessary, please feel free to contact us at 305-474-0266.

Thank you,

Rasheed Akangbe  
President

