

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 10 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000008591

1. Corporation Name

TRINIDAD AND TOBAGO ASSOCIATION OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

1823 E COLONIAL DR  
ORLANDO FL 32803

1823 E COLONIAL DR  
ORLANDO FL 32803

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/04/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

71-0955378

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	Doyle Hicks	1823 E. Colonial DR.	Orlando, FL 32803
T	Gail Mahabie	1823 E. Colonial DR.	Orlando, FL 32803
V	Kelvin Halls	1823 E. Colonial DR.	Orlando, FL 32803
S	Jennifer Samaroo	1823 E. Colonial DR.	Orlando, FL 32803

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALI, KETHLEEN  
1823 E COLONIAL DR  
ORLANDO FL 32803

Name

Gail Mahabie

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

1823 E. Colonial Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32803

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

*Gail Mahabie*

REGISTERED AGENT MUST SIGN

Date 11/5/03

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:

*Gail Mahabie* GAIL MAHABIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/03 407-383-3526

Date

Daytime Phone #

CR20040 (7/03)