PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 SEP 23 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000008493

1. Corporation Name

American Corporation for Caribbean Children, Inc.

100136226331
09/22/08--01069--002 **183.75

REINSTATEMENT CR2E081 (12/07) 06-08

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
1583 E. Silver Star Rd		1583 E. Silver Star Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
133		133	
City & State		City & State	
Ocoee, FL		Ocoee, FL	
Zip	Country	Zip	Country
34761	USA	34761	USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☑ 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
Jan R. Lalgee

Street Address (P.O. Box Number is Not Acceptable)
1583 E. Silver Star Rd

Suite, Apt. #, Etc.
133

City	State	Zip Code
Ocoee	FL	34761

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Jan R. Lalgee Date 9/18/08
REGISTERED AGENT MUST SIGN

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	J.R. Lalgee	1583 E. Silver Star Rd	Ocoee, FL 34761
V	R.P. Lalgee	1583 E. Silver Star Rd	Ocoee, FL 34761
T	C.K. Ramasar	1583 E. Silver Star Rd	Ocoee, FL 34761
	9/19/23		

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 contained in Chapter 119, 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.

JAN LALGEE

SIGNATURE: Jan Lalgee 9/18/08 407-580-5241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #