

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 JUN -7 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N05000012861

1. Corporation Name

The Friends of the UWI Development  
& Endowment Fund, Inc.

**REINSTATEMENT** 08-10

500181777955  
06/07/10--01066--006 \*\*\*358.75  
CR2E081 (4/10)

2. Principal Office Address - No P.O. Box #

1301 S. International Pkwy

Suite, Apt. #, etc

Suite 2021

City & State

Lake Mary, FL

Zip

32746

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/17/05

5. FEI Number

56-2648423

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

MARLON A. HILL, Esq.

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

200 S. Biscayne Blvd.

Suite, Apt. #, Etc.

2750

City

Miami

State

FL

Zip Code

33131

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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

*Marlon Hill*

Date

6/3/10

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
D	Mr. Dennis H Lalor	2 St. Lucia Ave., 6th Floor Kingston 5 Jamaica	
D	Mr. Karl Wright	24 Wellington Drive	Kingston 5, Jamaica
D	Mr. Earl Jarrett	2-4 Constant Spring Rd.	Kingston 8, Jamaica
		<i>J6/8</i>	

10. E-mail Address:

(To be used for future annual report notification)

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 I further certify, 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*20/05/10*

Date

Daytime Phone #