

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N06000003579

**FILED**  
**Aug 26, 2013**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA ORGANIZATION OF CARIBBEAN ARTS, INC.

**Current Principal Place of Business:**

7456 PARKSIDE LANE  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

7456 PARKSIDE LANE  
MARGATE, FL 33063

**New Mailing Address:**

**FEI Number:** 65-1284879

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HARRIS, MERVIN P  
7456 PARKSIDE LANE  
MARGATE, FL 33063 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** MERVIN HARRIS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** HARRIS, MERVIN  
**Address:** 7456 PARKSIDE LANE  
**City-St-Zip:** MARGATE, FL 33063

**Title:** VP  
**Name:** ALSTON, CASSANDRA  
**Address:** 13827 SW 15TH TER.  
**City-St-Zip:** MIAMI, FL 33184

**Title:** ST  
**Name:** SELWYN, CARTER  
**Address:** 4081 SW 84TH TERRACE  
**City-St-Zip:** DAVIE, FL 33328

**Title:** DIR  
**Name:** SELWYN, CARTER  
**Address:** 4081 SW 84TH TERRACE  
**City-St-Zip:** DAVIE, FL 33328

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** SELWYN CARTER

DIRE

08/26/2013

Electronic Signature of Signing Officer or Director

Date