

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED  98 DEC 17 PM 3:32  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> N 06311 <span style="float: right; font-family: cursive;">WFB 12927</span>					
1. Corporation Name <b>West Indian American Day Carnival Association</b>					
Principal Place of Business <b>of Greater Miami, Inc</b> Mailing Address					
1951 NW 85th Way Pembroke Pines Fl 33024		1951 NW 85th Way Pembroke Pines Florida 33024			
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		3. New Mailing Office Address, If Applicable  Suite, Apt. #, etc.  City & State  Zip		4. Date Incorporated or Qualified To Do Business in Florida 11/20/84	
				5. FEI Number 59-2468750	
				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
1	2	3	4		
P/D	Aldwyn C Thomas	1951 NW 85th Way	Pembroke Pines Fl 33024		
S/D	Marlene Gregoire	17705 NW 55th Court	Miami Fl Fl 33055		
V/P/D	Tamesha L Thomas	1951 NW 85th Way	Pembroke Pine Fl 33024		
			600002725656-3		
			-12/30/98-01001-003		
			***297.50 ***297.50		
				12/18	
8. Name and Address of Current Registered Agent  Aldwyn C Thomas 1951 NW 85th Way, Pembroke Pines Florida 33024			9. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City State Zip Code FL		
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.  Signature of Registered Agent <span style="float: right;">Date 10/5/97</span> REGISTERED AGENT MUST SIGN					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. 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:  ALDWIN C THOMAS <span style="float: right;">10/5/97 954 587 3755</span> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2040 (1/88)