

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

01 SEP 25 PM 1:33

DOCUMENT # **NO08177**

1. Corporation Name **SSS Caribbean-American Alliance of FL, Inc**

2. Principal Office Address
590 Silver Rd
Suite, Apt. #, etc.
Ocala
City & State
Florida
Zip
34472 Country
USA

3. Mailing Office Address
P.O. Box 830763
Suite, Apt. #, etc.
Ocala, FL 34472
City & State
Ocala, FL 34472
Zip
34472 Country
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

300004618599--8
-10/01/01--01081--005
*****61.25 *****61.25

7. Name and Address of Current Registered Agent

Name **RICA SCOTT**

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

Suite, Apt. #, Etc.

City **OCALA** State **FL** Zip Code **34472**

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 **Rica Scott** Date _____

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
Pres	RICA SCOTT	4 EMERALD WAY	Ocala, FL 34472
Vice Pres	SAMUEL TAIT	40 Oak Loop	Ocala, FL 34472
Sec	PEBBY MUNNINGS	485 WATER RUN	Ocala, FL 34472
Treas	ERIC NEWMAN	5170 NE 64th Ave	Silver Springs FL 34488
DER	TOMMY SMITH	4 EMERALD WAY	Ocala FL 34472
DER	DONNA ALDRIDGE	9752 Bahia Rd	Ocala FL 34472
DER	MILDRED CONWAY	37 Pine Circle	Ocala, FL 34472

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 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:

Rica Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/01 (352) 684-4989
Date Daytime Phone #

CRZE081 (9/00)

pg 2 of 2
SSS CARIBBEAN-AMERICAN ALLIANCE of FLORIDA, INC.

P.O. BOX 830763
Ocala, Florida 34483-0763
(352) 687-0690

Promoting multicultural diversity in the community

Rica Scott
President
Samuel Tait
Vice-President
Peggy Munnings
Secretary
Eric Newman
Treasurer
Donna Aldridge
Director
Mildred Conway
Director
Tommy Smith
Director

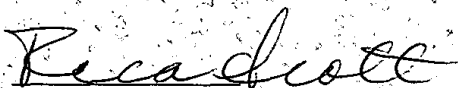
September 21, 2001

To whom it may concern,

To date we have received no re-instatement for the current year 2001. I spoke to Tyrone who sent me this red re-instatement form and suggested that the President send an accompany letter explaining, stating that we existed in 2000 and continue to exist in 2001. Therefore, the only expense that we are liable for is \$61.25 which is being enclosed.

Thank you for handling our annual report in the usual manner.

Sincerely,


Rica Scott, President