

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 OCT 31 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N14239**

**1. Corporation Name**

WEST INDIAN-AMERICAN CRICKET CLUB, INC.

**2. Principal Office Address**

1005 Split Silk Street

Suite, Apt. #, etc.

City & State

Valrico, Florida

Zip  
33594

Country  
U.S.

**3. Mailing Office Address**

1005 Split Silk Street

Suite, Apt. #, etc.

City & State

Valrico, Florida

Zip  
33594

Country  
U.S.

**REINSTATEMENT**

CR2E081 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

4-8-1986

**5. FEI Number**

03-0563702

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

Fredel Whitmore

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

1005 Split Silk Street

Suite, Apt. #, Etc.

City

Valrico

State

FL

Zip Code

33594

**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

*Fredel Whitmore*

Date 10-23-2006

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.	Fredel Whitmore	1005 Split Silk Drive	Valrico, Florida 33594
Treas.	Iris Jackson	1518 East 26th Avenue	Tampa, Florida 33605
Sec.	Donna Harkness	17636 Boy Scout Road	Odessa, Florida 33556

**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.**

**SIGNATURE:**

*Fredel Whitmore* FREDEL WHITMORE

Date

10-23-2006

Daytime Phone #