

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP 28 PM 4:09

DOCUMENT # N17388

1. Corporation Name

Caribbean American Culture
Organization of St. Petersburg, Florida
Incorporated

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

2224-16th Ave. So.

Suite, Apt. #, etc.

3. Mailing Office Address

2224-16th Ave. So.

Suite, Apt. #, etc.

City & State

St. Petersburg, Fl.

City & State

St. Petersburg, Fl.

Zip

33712

Country

Pinellas

Zip

33712

Country

Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/1986

5. FEI Number

593079379

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

Annie L. Killen

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

2224-16th Ave. So.

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33712

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

Annie L. Killen

Date

9/24/10

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
PD	Moore, Joslin	2025 164 th Ave. So.	St. Petersburg, Fl.
VD	Annie Killen	2224-16 th Ave. So.	St. Petersburg, Fl.
TD	Brown, Linda	2224-16 th Ave. So.	St. Petersburg, Fl.
SD	Hamilton, William B.	1927 Quincy St. So.	St. Petersburg, Fl.
D	Sandy, Michael W.	2000 16 th St. So.	St. Petersburg Fl.
D	St. Rose Joseph	4657 21 st Ave. So.	St. Petersburg Fl.

10. E-mail Address: SWEET-SOUR311@YAHOO.COM

(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. 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:

Annie L. Killen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/24/10-722-391-2570

Daytime Phone #

209/30