

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 #  
*2224-16<sup>th</sup> Ave. So.*  
Suite, Apt. #, etc.

3. Mailing Office Address  
*2224-16<sup>th</sup> Ave So.*  
Suite, Apt. #, etc.

City & State  
*St. Petersburg, Fl.*     *St. Petersburg, Fl.*

Zip     Country     Zip     Country  
*33712 Pinellas*     *33712 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. Killew*

Street Address (P.O. Box Number is Not Acceptable)  
*2224-16<sup>th</sup> Ave. So.*

Suite, Apt. #, Etc.

City     State     Zip Code  
*St. Petersburg*     *FL*     *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. Killew*     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	<i>Moore, Joslin</i>	<i>2025 164<sup>th</sup> Ave. So</i>	<i>St. Petersburg, Fl.</i>
VD	<i>Annie Killew</i>	<i>2224-16<sup>th</sup> Ave. So.</i>	<i>St. Petersburg, Fl.</i>
TD	<i>Brown, Linda</i>	<i>2224-16<sup>th</sup> Ave. So.</i>	<i>St. Petersburg, Fl.</i>
SD	<i>Hamilton, William B.</i>	<i>1927 Quincy St. So.</i>	<i>St. Petersburg, Fl.</i>
D	<i>Sandy, Michael W.</i>	<i>2000 16<sup>th</sup> St. So.</i>	<i>St. Petersburg Fl</i>
D	<i>St. Rose Joseph</i>	<i>4657 21<sup>st</sup> Ave. So.</i>	<i>St. Petersburg Fl.</i>

10. E-mail Address: *\$WEET-SOURC311@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. Killew*     Date     *9/24/10-722-391-2570*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR     Daytime Phone #

*209/30*