

PLEASE READ ALL INSTRUCTIONS BEFORE COM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
May 10 2000 8:00 am  
Secretary of State

**DOCUMENT #** N94000000347 (4)

**1. Corporation Name**

Turks & Caicos Association, Inc.

**2. Principal Office Address**  
4197 Braganza Ave.

**3. Mailing Office Address**  
4197 Braganza Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
Miami, Florida

**City & State**  
Miami, Florida

**Zip** 33133  
**Country** U.S.A.

**Zip** 33133  
**Country** U.S.A.

**REINSTATEMENT** 99-100

**4. Date Incorporated or Qualified  
To Do Business** 01-24-1994

**5. FEI Number**  
65-0463589

**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**  
Clementina L. Fenimore

**Street Address (P.O. Box Number is Not Acceptable)**  
4197 Braganza Ave.

Suite, Apt. #, etc.

**City**  
Miami,

**State** FL  
**Zip Code** 33133

**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** *Clementina L. Fenimore*  
**REGISTERED AGENT MUST SIGN**

**Date** May 8th, 2000

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
PD	Fenimore, Clementina L.	4197 Braganza Ave.	Miami, Florida 33133
VP/D	Conolly, Dolores	19610 Cypress Court	Miami, Florida 33015
S/D	Joan Fulford	2221 N.W. 194th Terr.	Miami, Florida 33056
T/D	Jamie Duncanson	2221 N.W. 194th Terr.	Miami, Florida 33056
AT/D	Doreen Simons	2221 N.W. 194th Terr.	Miami, Florida 33056
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**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:** *Clementina L. Fenimore*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/17/00  
**Date**

305 665 2444  
**Daytime Phone #**