

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR -1 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PA5000001229

1. Corporation Name

Bahamian/American Cultural Club, Inc.

2. Principal Office Address

4342 NW 203 Street

Suite, Apt. #, etc.

City & State

Opa Locka, FL

Zip

33055

Country

US

3. Mailing Office Address

P.O. Box 170272

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33017

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

2/1995

5. FEI Number

59-0884031

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

Elliott J. Scavella

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

1861 NW 115 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33167

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

REGISTERED AGENT MUST SIGN

Date 11/07/00

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
D	Thomasena J. Mitchell	4342 NW 203 Street	Opa Locka, FL 33055
D	Anthony E. Simons	14121 NW 23 Place	Opa Locka, FL 33054
D	Shirley Christie	4381 NW 195 Street	Opa Locka, FL 33055
D	Leslie Kirkland	17875 NW 18 Avenue	Miami, FL 33056
D	Evelyn Evans	1721 NW 63 Street	Miami, FL 33147

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:

Thomasena J. Mitchell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/07/00 (305) 876-7961

Daytime Phone #

CR2E081 (9/99)