

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

09 JAN -6 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001389

1. Corporation Name

LACARIBE ARTS AND CULTURAL CLUB, INC.

Principal Place of Business

Mailing Address

6622 MERITMOOR CIR
ORLANDO FL 32818-2217
US

6622 MERITMOOR CIR
ORLANDO FL 32818-2217
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Andrea Jackson
7842 Country Run Pkwy.
Orlando, FL
32818
USA

Lacaribe Arts & Cultural Club, Inc.
P.O. Box 951143
Lake Mary, FL
32795
USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/1995

5. FEI Number

59-3322148

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	JOSHUA, WINONA	34377 COUNTRY CLUB RD	SANFORD FL 32771
PD	JACKSON, ANDREA	6622 MERITMOOR CIR	ORLANDO FL
PD	BOURNE-OSNER, MELISSA	2013 RIVERTREE C. APT. 205	ORLANDO FL 32835
PD	JACKSON, ANDREA	7842 COUNTRY RUN PKWY	ORLANDO, FL 32818
D	BOURNE-OSNER, MELISSA	2013 RIVERTREE C. APT. 205	ORLANDO, FL 32835

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JACKSON, ANDREA
6622 MERITMOOR CIR
ORLANDO FL 32818

Andrea Jackson
7842 Country Run Pkwy.
Orlando
FL 32818

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Winona S. Joshua, Registered Agent MUST SIGN
Date: 12/28/99

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 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: Andrea Jackson - President
Winona S. Joshua, Treasurer
Date: 12/28/99
Daytime Phone #: 401-296-6510
401-897-6420

CR2E040 (8/99)