

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002074

1. Corporation Name

GUYANESE AMERICAN ASSOCIATION

Principal Place of Business

1855 SO. STATE ROAD 7
FT. LAUDERDALE, FL
33317

Mailing Address

1855 S. STATE ROAD 7
FT. LAUDERDALE, FL
33317

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 25, 1995

5. FEI Number

65-0577628

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/S/T (D)	SHARMA BABOOLAL	1855 SO. STATE ROAD 7	FT. LAUDERDALE, FL 33317
(D)	ANTHONY WYNTER	2121 Bayberry Dr	Pembroke Pines Fl 33024
(D)	VASHEPATTI JHAGRU	3012 N. Ocean Blvd	Ft Lauderdale. Fl 33308

3000002367373-1
-12/09/97--01100--010
****297.50 ****297.50

8. Name and Address of Current Registered Agent

KHALIL KHAN

532 SO. STATE ROAD 7
PLANTATION, FL 33317

9. Name and Address of New Registered Agent

Name

SHARMA BABOOLAL

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

1855 SO. STATE ROAD 7

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State Zip Code

FL 33317

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

Sharma Baboolal
REGISTERED AGENT MUST SIGN

Date

Nov. 23/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Sharma Baboolal

SHARMA BABOOLAL.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/23/97

Daytime Phone #

954-584-4823

REINSTATEMENT *96-97*

FILED

97 DEC -3 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95000002074