

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2008 JAN 30 PM 12:28

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N98000004513*

1. Corporation Name  
*THE BAHAMAS AMERICAN JUNKANOO  
AND GOOM FESTIVAL ASSOCIATION OF CENTRAL  
FLORIDA INC.*

000116458430  
01/30/08--01033--018 \*\*\$65.00  
~~01/30/08--01033--018 \*\*\$65.00~~

000116458430  
01/30/08--01033--019 \*\*\$8.75

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #  
*60 CARRIAGE HILL CIR*

3. Mailing Office Address  
*PO BOX 181763  
CASSELBERRY FL 32718-1763*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
*CASSELBERRY FLORIDA*

City & State  
*CASSELBERRY FLORIDA*

Zip  
*32707*

Country  
*U.S.*

Zip  
*32718*

Country  
*U.S.*

4. Date Incorporated or Qualified  
To Do Business in Florida  
*09/19/95*

5. FEI Number  
*59-3367546*

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  
*William Livingston Sands*

Street Address (P.O. Box Number is Not Acceptable)  
*60 CARRIAGE HILL CIRCLE*

Suite, Apt. #, Etc.

City  
*CASSELBERRY*

State  
*FL*

Zip Code  
*32707*

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*William L. Sands*

REGISTERED AGENT MUST SIGN

**REINSTATEMENT**

*01/26/08*

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

*2001-2008*

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>P.A.</i>	<i>SANDS William L.</i>	<i>60 CARRIAGE HILL CIRCLE</i>	<i>CASSELBERRY FL 32707</i>
<i>V.D.</i>	<i>DAVIS ARTHUR C.</i>	<i>656 KENVICK CIRCLE</i>	<i>CASSELBERRY FL 32707</i>
<i>T.D.</i>	<i>BRYANT FRIBEDA T</i>	<i>60 CARRIAGE HILL CIRCLE</i>	<i>CASSELBERRY FL 32707</i>
<i>S.</i>	<i>SANDS CHARLNE N</i>	<i>612 OMCO BOX 57</i>	<i>FT BRAGG NC 28307</i>
<i>D.</i>	<i>SANDS WAYNE C</i>	<i>60 CARRIAGE HILL CIRCLE</i>	<i>CASSELBERRY FL 32707</i>
<i>D.</i>	<i>SANDS SUSAN S</i>	<i>60 CARRIAGE HILL CIRCLE</i>	<i>CASSELBERRY FL 32707</i>

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 contained in Chapter 119, 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:

*William L. Sands*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*01/26/08*

Date

Daytime Phone #

*AD SANDS PERMA L*

*60 CARRIAGE HILL CIRCLE*

*CASSELBERRY FL 32707*

*DAVID ARTHUR C*

*798 IMPERIAL DRIVE*

*CASSELBERRY FL 32707*

DAVIS JOHN F 1302 SB STREET LAKE WORTH FL 33460  
DAVIS SHARIE JONES 2640 BELCHER LANE BAINBRIDGE GA 39817