

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N96000001481

1. Corporation Name

CARNIVAL ASSOCIATION OF SOUTH FLORIDA, INC.

FILED

01 JAN -2 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

18425 NW 2 AVE  
335  
MIAMI FL 33169  
US

Mailing Address

18425 NW 2 AVE  
335  
MIAMI FL 33169  
US

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



REINSTATEMENT

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2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/15/1996

5. FEI Number

65-0668896

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	RAGOO, FRANCIS	1130 NE 201 TERRACE	MIAMI FL 33179
SD	ASSAM, CARL	1219 FAIRLAKE TRACE	WESTON FL 33326
D	WORRELL, DESMOND	570 NW 186ST	MIAMI FL 33169
D	ALIC, ROSLYN	6645 EVERGREEN DR	MIRAMAR FL 33023
D	DE CRUISE, CARL	8211 NW 169 TERRACE	MIAMI LAKES FL 33016
D	AWAI, RUDOLPH	8830 SW 23RD STREET	MIRAMAR FL 33025

8. Name and Address of Current Registered Agent

WILLIAMS, RUTHEVEN E  
3301 MEADOWS CIRCLE W  
MIRAMAR FL 33025

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

6000003532646--5  
-01/11/01 State of FL  
\*\*\*\*236.25

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0401, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/26/00

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-08-00

KE

CR2E040 (8/00)