

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.

Principal Place of Business

Mailing Address

18425 NW 2 AVE
335

18425 NW 2 AVE
335

MIAMI FL 33169
US

MIAMI-FL 33169
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City, State, Zip 4
PD	RAGOO, FRANCIS	1130 NE 201 TERRACE	MIAMI FL 33179
SD	ASSAM, CARL	1219 FAIRLAKE TRACE	WESTON FL 33326 /LS
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

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

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: CARL ASSAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-6-01 (305) 653-1877

FILED

01 NOV -8 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2001

CR2E040 (8/01)