			<del>-</del>	<del></del>	
PLEASE READ A	ALL INSTRUCTIONS FLORIDA DEPARTME 47495Sandra B. Moi	NT OF STATE	COMPLETING THIS FORM FILED		
BEINSTALLMENT	Secretary of S	State	98 MAR -9 PM 3: 39		
DOCUMENT # N96 0000	002407				
1. Corporation Name  Caribbean, So	UTH Americ	an Coun	CIL SECRETATIV OF STATE PLIANASSEE, FLORIDA		
Principal Place of Business	Mailing Address				
1323 South State Ed					
North Law derdale		parragion balance			
2. New Principal Office Address, If Applicable 3227 Clayfon Kd. #//	ypn Rd. #11		4. Date Incorporated or Qualified To Do Business in Florida 5/2/96		
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.  City & State		5. FEI Number 65-0663149	Applied For Not Applicable	
Zip 94519 Country U.S. A.	Zip Countr	ry :	6.	75 Additional Fee required or a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers Street Address of Each Officer and/or Director City / State / Zip					
1 2 3 (Do NOT Use Post Office Box Numbers) 4					
	ľ	_		14319	
V. P.D Roland Chris Sin	<b>,</b>	•	te Ad T North Land	4579	
Constal Charte Rand			HII Enced Cra		
Dir Haimdat South	2418 At	•	ia blud Inglewood Co	C. 32363.	
8. Name and Address of Current Registered Agent		Name	9. Name and Address of New Registered		
SERGIO D. SIN 2418 ATLAS Rd		O. Box Number is Not Acceptable)			
TALLAHASSEE FL. 32303.		Suite, Apt. #, Etc.	100002452 -03/10/984-0 ****122,50	71V63026 -****122,50	
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	SISTERED AGENT MUST SIGN		Date 3/9/9	28	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Sos Whani n	<u> </u>		3/9/98.		
SIGNATURE AND TYPED OF PRINT	ED NAME OF SIGNING OFFICER OR D	HECTOR	/ Date Day	ytime Phone #	



(2)

## CARIBBEAN SOUTH AMERICAN COUNCIL INC. 3227 CLAYTON RD. SUITE 11, CONCORD CA. 94519 - 2818

TEL, NO. 510 -680-9707

email - Sergio1@ix.netcom.com

FAX 510-691-5922

To: Gean Logan:

Thom: Seyio D. Singh Blairo

Subject: Reinstatum t

July 3/9/58.

In the month of Jane, 1997 I have

mailed by 97 annel report and it has

it was never received by your dept.

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"PROGRESS THROUGH CARIBBEAN SOUTH AMERICAN UNITY"