

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 # N97000006465

1. Corporation Name

NATIONAL ASSOCIATION OF CARIBBEAN BUSINESSWOMEN  
INC.

Principal Place of Business

Mailing Address

4770 BISCAYNE BLVD.  
SUITE 1050  
MIAMI FL 33137

4770 BISCAYNE BLVD.  
SUITE 1050  
MIAMI FL 33137

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

11/17/1997

5. FEI Number

65-0789559

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	GILL, MARIE	565 NW 210 STREET #210	MIAMI FL 33169
VPD	JOHNSON-FINCHER, LEVETTE	8551 NW 7TH COURT	PEMBROKE PINES FL 33027
<del>TD</del>	<del>EDWARDS, CHANNET</del>	<del>4770 BISCAYNE BLVD. #1050</del>	<del>MIAMI FL 33175</del>
<del>D</del>	<del>ALLICK, ELIZABETH</del>	<del>2509 NW 183RD ST</del>	<del>MIAMI FL 33055</del>
<del>SP</del>	<del>JOHNSON, JANELLE A</del>	<del>11065 BIGHAMOK PLAGE</del>	<del>COOPER CITY FL 33026</del>
<del>D</del>	<del>TAYLOR, GLORIA</del>	<del>2330 NW 167TH STREET</del>	<del>MIAMI FL 33050</del>
D	HYPPOLITE, MARIE	1006 NW 164 AVE.	PEMBROKE PINES FL 33028

8. Name and Address of Current Registered Agent

GILL, MARIE  
565 NORTHWEST 210 STREET #102  
MIAMI FL 33169

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

0000002784990-0

02/23/99-01085-009

State

FL

Zip Code

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

2/4/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIE GILL 2/4/99 305-576-7888

CR2000 (9/98)