PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 MAR 13 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N99000001557

1. Corporation Name
WEST INDIES CRICKET AND SOCIAL CLUB, INC.

2. Principal Office Address	3. Mailing Office Address
10853 SW 188 ST.	10853 SW 188 ST.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33157 Country: USA	Zip: 33157 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/8/99

5. FEI Number: 65-0279734 ☐ 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: RUPERT SKEENE

Street Address (P.O. Box Number is Not Acceptable): 11450 SW 196 TERRACE

Suite, Apt. #, Etc. —

City: MIAMI State: FL Zip Code: 33157

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: [signature] REGISTERED AGENT MUST SIGN Date: 3/9/02

CR2E081 (9/01)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GODFREY ROBERTS, JR	13251 SW 254 TER	MIAMI, FL 33032
DV	LAURENCE CRICHTON	9771 SW 218 ST.	MIAMI, FL 33190
DST	TREVOR P. HARRIS	800 NW 73 AVE	MARGATE, FL 33063
DT	FREDERICK TAVARES	10840 SW 167 ST.	MIAMI, FL 33157
DS	JOHN THORPE	11732 SW 107 LANE	MIAMI, FL 33186

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 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] TREVOR P. HARRIS 3/9/02 954 968 3809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #