

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 24 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000005246

1. Corporation Name

ETHNOSLINK, INC.

Principal Place of Business

3023 PROCTOR ROAD
SARASOTA FL 34231

Mailing Address

PO BOX 18351
SARASOTA FL 34276

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

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

REINSTATEMENT 2003

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/1999

WOP

5. FEI Number

65-0968266

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
P	RAMIREZ, CARLOS H	2103 BRUECKNER ROAD	SARASOTA FL 34231
V	BRANTLEY, RICHARD	4137 KING RICHARD DRIVE	SARASOTA FL 34232
SD	RAMIREZ, MAYRA A	2103 BRUECKNER ROAD	SARASOTA FL 34231
T	RUBIN, NANCY M	2400 ARDEN DRIVE	SARASOTA FL 34232

8. Name and Address of Current Registered Agent

RAMIREZ, CARLOS H
2103 BRUECKNER ROAD
SARASOTA FL 34231

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE
REGISTERED AGENT MUST SIGN

Date

10/20/2003

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MAYRA A. RAMIREZ

Date

10/20/2003 (94) 925-0945

Daytime Phone #

CR2ED40 (7/03)



October 20, 2003

**Division of Corporations
Annual Report/Reinstatement Section
Po Box 6327
Tallahassee FL 32314-6327**

Dear Sir or Madam,

Enclosed are an application for reinstatement on behalf of Ethnoslink, Inc., and a check for \$70.00 (\$61.25 report fee + \$8.75 certificate of status).

We are a missionary/evangelistic non profit organization which has no permanent staff and operates with volunteers who donate their time performing a variety of office tasks.

We did not receive the UBR notice (s) send to our office, it either got lost on the mail, or involuntarily during the mail handling by one of our volunteers.

Respectfully we would like to request to waive the penalty fee. As you can verify, we have timely filed the UBR for previous years.

Thank you so much for your cooperation.

Cordially,

Rev. Carlos Ramirez
President/Registered Agent

CR/nr

INTERNATIONAL HEADQUARTERS:

Mailing Address: PO Box 18351, Sarasota, Florida 34276 USA

Email: info@ethnoslink.org

Web-site: www.ethnoslink.org

USA

WEST AFRICA

EUROPE

LATIN AMERICA