

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

FILED  
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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # PA80000075903

1. Corporation Name

**Bahamian Touch, Inc.**

Principal Place of Business

**1900 Broadway  
 Riviera Beach, Florida 33404**

Mailing Address

**C/O Roger C. Lambert  
 2247 Palm Beach Lakes Blvd.  
 West Palm Beach, Florida 33409**

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

7/22/99 90010 032 \$150.00

2. New Principal Office Address, If Applicable <b>N/A</b>		3. New Mailing Office Address, If Applicable <b>N/A</b>		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0870053</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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
Pres.	<u>Eldin Ferguson</u>	<u>3410 Water Lily Court #201 Palm Beach Gardens</u>	<u>Palm Beach Gardens Fl. 33410</u>
V. Pres.	<u>Terrence Gamble</u>	<u>Same</u>	
Sec.	<u>Sharon Ferguson</u>	<u>Same</u>	
Treas.	<u>Shonalee Gamble</u>	<u>3300 Carrington Place</u>	<u>Phoenix City, AZ 85067</u>
			<b>100003049131--9</b>
			<b>11/18/99-01004-016</b>
			<b>***500.00 ***500.00</b>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<u>Roger C. Lambert 2247 Palm Beach Lakes Blvd West Palm Beach, FL 33409</u>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b> Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent Roger C. Lambert Date 11/2/99

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Sharon Ferguson SECRETARY Nov. 2, 1999 561-882-4461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2501 Bristol Drive, Suite B-12  
West Palm Beach, Florida 33409  
Phone (561) 471-9878  
Fax (561) 471-4105

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*Immigration Services* of the Palm Beaches

November 2, 1999

To Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

**Re: Eldin Ferguson**

To whom it may concern:

Please find enclosed a check, check number 1394 for the amount of \$500.00 the balance of the re-instatement that has been paid by a check, check number 1321 from The Immigration Services Of the Palm Beaches check being dated July 15, 1999 to The Department Of State. This should clarify the re-instatement of the Bahamian Touch Inc. If you have any question feel free to contact me at the above address or telephone number above.

Sincerely,



James W. Cook Sr.