

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 PM 2:04

DOCUMENT # V51525

1. Corporation Name

AFRO-CARIBBEAN TRADING GROUP, INC.

Principal Place of Business

741 N.W. 62ND STREET
MIAMI FL 33150

Mailing Address

741 N.W. 62ND STREET
MIAMI FL 33150

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

07/17/1992

5. FEI Number

65-0351935

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	4
PCST	WYNN, DWAYNE A.	645 N.W. 62nd Street, Suite 400	Miami, Florida 33150
			700003408637--4 09/28/00--01089--022 ***150.00 ***150.00
			700003408637--4 09/28/00--01089--022 ***150.00 ***150.00
			700003408637--4 09/28/00--01089--023 ***150.00 ***150.00
		1999 report not received	

8. Name and Address of Current Registered Agent

WYNN, DWAYNE A.

MIAMI FL 331

9. Name and Address of New Registered Agent

Name

Wynn, Dwayne A.

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

645 N.W. 62nd Street,

Suite, Apt. #, Etc.

Suite 400

City

Miami

State

FL

Zip Code

33150

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 9/20/2000

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/2000

Date

305-751-3099

Daytime Phone #