

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN 22 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S68216

1. Corporation Name

EDITORIAL CARIBE, INC.

Principal Place of Business

501 NELSON PLACE
NASHVILLE TN 37204
US

Mailing Address

PO BOX 141000
NASHVILLE TN 37214-1000

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/1991

5. FEI Number

65-0281091

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
PD	MOORE, SAM	501 NELSON PLACE	NASHVILLE TN
TSD	POWERS, JOE L.	501 NELSON PLACE	NASHVILLE TN
VD	HEYDEN, ERIC D	501 NELSON PL	NASHVILLE TN 37214
VP	MOORE, JOSEPH S	501 NELSON PLACE	NASHVILLE TN 37214
REINSTATEMENT 01-02-91			

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

300004880203--4

02/05/02-01043-011

****750.00 ****750.00

State Zip Code

FL

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

JENNIFER T. ALLEN
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

300004880203--4

02/05/02-01043-012

****150.00 ****150.00

Date 11/14/02

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

11/26/2001

Date

(615) 902-1537

Daytime Phone #

CR2040 (8/01)