

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 492307

1. Corporation Name

CARIBBEAN REAL PROPERTY COMPANY, INC.

Principal Place of Business

2800 CANTRELL RD.  
LITTLE ROCK AR 72202-2040

Mailing Address

2800 CANTRELL RD.  
LITTLE ROCK AR 72202-2040

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

4. Date Incorporated or Qualified  
To Do Business in Florida

12/09/1975

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11001 Executive Center Dr.

11001 Executive Center Dr.

City & State

City & State

Little Rock, AR

Little Rock, AR

Zip

Zip

Country

Country

72211

72211

5. FEI Number

59-1634338

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)

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
PTD	HOWETH, ROBERT W.	2800 CANTRELL RD.	LITTLE ROCK AR
VSD	DUMENY, MARCEL J.	2800 CANTRELL RD.	LITTLE ROCK AR
VD	MCCONNELL, JOHN W.	2800 CANTRELL RD.	LITTLE ROCK AR
AS	BENNETT, WILLIAM J.	2800 CANTRELL RD.	LITTLE ROCK AR

400002360274--7  
-12/02/97--01017--029  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AYCOCK, LYNDIA R  
1 INDEPENDANCE DR.  
3000 INDEPENDENT SQUARE  
JACKSONVILLE FL 32202

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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 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

Date

Daytime Phone #

FILED

97 NOV 26 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REINSTATEMENT 97aw

CR20040 (8/97)