

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 23 AM 8:00

DOCUMENT # **F02000000406**

1. Corporation Name

CARIBBEAN INSTITUTE FOR APPLIED GEOGRAPHY, INC.

Principal Place of Business

Mailing Address

478 NE 210 CIRCLE
#203
NORTH MIAMI BEACH FL 33179-5238

478 NE 210 CIRCLE
#203
NORTH MIAMI BEACH FL 33179-5238

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

01/23/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

11-3456 926

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 | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| P | SYLVAN, HERVEY | 75-35 175 STREET | FRESH MEADOWS NY |
| V | BERNORAIN, ERNST | RUE SAINT COORS JEANTY FRERE | PETION VILLE-HAITI |
| S | DURAND, GLADYS B | 478 NE 210 CIRCLE TERRACE #203 | NORTH MIAMI BEACH FL |
| D | DORCE, GHISLAINE P | 405 LEXINGTON AVE | NEW YORK NY |
| D | GODEFROY, DANIEL | RUE LAMBERT #73 | PETION VILLE-HAITI |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DURAND, GLADYS B
478 NE 210 CIRCLE TERRACE #203
NORTH MIAMI SPRINGS FL 33179-5238

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

REGISTERED AGENT MUST SIGN

Date October 15/2003

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:

Gladys B. Durand Gladys B. DURAND

October 15/03 786 486 6421

Date

Daytime Phone #

CR2E040 (7/03)