

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  
TALLAHASSEE, FLORIDA

01 OCT 25 PM 12: 07

DOCUMENT # **F94000005087**

1. Corporation Name

**CARIBBEAN VACATION NETWORK, INC.**

Principal Place of Business

Mailing Address

1680 MERIDIAN AVE  
STE 504  
MIAMI BEACH FL 33139-709  
US

1680 MERIDIAN AVE  
STE 504  
MIAMI BEACH FL 33139-709  
US

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

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
PDT	SCHWARTZ, FRED	1680 MERIDIAN AVE, STE 504 2 N.E. 40th Street #401	MIAMI BEACH FL 33139 Miami, FL 33137
VDS	DORMAN, MICHAEL	1501 WEST FULLERTON AVE.	CHICAGO IL
			400004657734--8 -10/29/01--01079--011 ****211.25 ****211.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHWARTZ, FRED  
1680 MERIDIAN AVE  
STE 504  
MIAMI BEACH FL 33139-2709

Name **Fred Schwartz**  
Street Address (P.O. Box Number is Not Acceptable)  
**2 N.E. 40th Street**  
Suite, Apt. #, Etc.  
**#401**  
City **Miami** State **FL** Zip Code **33137**

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**

Date

**10/20/01**

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

**10/20/01**

**305-673-8822**

CR2E040 (8/01)

2 N.E. 40<sup>th</sup> Street # 401  
Miami, Fl. 33137 USA  
Phone: 305.673.8822  
Fax: 305.673.5666  
Email: vacnet@aol.com

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**Caribbean Vacation Network**

**ATTN:** State of Florida **From:** Fred Schwartz  
**Fax:** **Date:** Oct. 21, 2001  
**Company:** **Pages:**  
**Re:** Reinstatement of Corporation **CC:**  
☐ Urgent ☒ For Review ☐ Please Comment ☒ Please Reply ☐ Please Recycle

**•Comments:**

Re: FE#36-3365489 - F94000005087

To whom it may concern:

The above corporation Caribbean Vacation Network moved in January 2001. We have not received any correspondence from the State of Florida up to last week when we received this notice for reinstatement of the corporation. We have been in good standing with the state of Florida since 1994 and ask for the reinstatement with the enclosed fees.

I do understand that technically we can be charged a fine of \$600.00 but we are in the travel industry and as you can imagine based on the events of September 11 we are suffering serious ongoing financial constraints.

Please except this enclosed amount for reinstatement and be advised that no such problem with the state will take place in the future.

Thanks in advance for your consideration.

Regards,

  
Fred Schwartz

President