

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 97-98 REINSTATEMENT		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		APPROVED AND FILED 98 FEB 13 PM 3:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # K16159 1. Corporation Name <p style="text-align: center;">Caribbean International Consulting & Marketing, Inc.</p>				<div style="font-size: 2em; font-weight: bold;">REINSTATEMENT</div> <div style="font-size: 1.5em; font-style: italic;">97-98</div> <div style="font-style: italic;">Adrian</div> <div style="font-size: 1.2em;">2/13/98</div>	
Mailing Address <p>1308 Rose Blvd. Suite E Orlando, FL. 32839</p>		Principal Place of Business <p style="text-align: center;">Same</p>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Mailing Address, If Applicable <p>378 Whooping Loop Suite, Apt. #, etc. Suite 1272 City & State Altamonte Springs, FL Zip 32701</p>		3. New Principal Office Address, If Applicable <p style="text-align: center;">Same Suite, Apt. #, etc. City & State Zip Country</p>		4. Date Incorporated or Qualified To Do Business in Florida <p style="text-align: center;">2/23/88</p>	
5. FEI Number <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable </div>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
CEO, C P.T.D	Christian Fleisher	378 Whooping Loop	Altamonte Springs, FL. 32701		
VP	William Riekel	378 Whooping Loop	Altamonte Springs, FL 32701		
VP, D	Narmo Oritz	378 Whooping Loop	Altamonte Springs, FL. 32701		
D	Judy McCloskey	378 Whooping Loop	Altamonte Springs, FL. 32701		
D, S	Russell Teall, J.D.	378 Whooping Loop	Altamonte Springs, FL. 32701		
D	Clinton Albury PHD	378 Whooping Loop	Altamonte Springs, FL. 32701		
D	James Riekel	378 Whooping Loop	Altamonte Springs, FL. 32701		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
Christian Fleisher 1308 Rose Blvd Suite E Orlando, FL. 32839			William Riekel Street Address (P.O. Box Number is Not Acceptable) 378 Whooping Loop Suite, Apt. #, Etc. Suite 1272 City Altamonte Springs State FL Zip 32701		
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 2/11/98		
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 2/11/98 (407) 834-3030 Daytime Phone #		

CR2540 (6-94)