

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000029725

FILED  
Dec 03, 2004  
Secretary of State

Entity Name: CARIBE INVESTMENT GROUP, LLC

**Current Principal Place of Business:**

4200 LATONA AVENUE  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

4200 LATONA AVENUE  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

FEI Number: 60-2221046

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMAS, DESMOND A  
5505 FEARNLEY RD  
LAKE WORTH, FL 33467 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: KENTON, HOPETON  
Address: 408 17TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGR ( ) Delete  
Name: GRANT, ALVIN  
Address: 3017 EXCHANGE COURT, SUITE I  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MGR ( ) Delete  
Name: THOMAS, DESMOND  
Address: 5505 FEARNLEY RD  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HOPETON KENTON

MGR

12/03/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date