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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda Felt
Secretary of State
DIVISION OF CORPORATIONS

L02000029725

APPROVED
AND
FILED

03 NOV 24 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000029725

Name and Mailing Address

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CARIBE INVESTMENT GROUP, LLC

4200 LATONA AVENUE

WEST PALM BEACH FL 33407-3526

REINSTATEMENT



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 4200 LATONA AVENUE WEST PALM BEACH FL 33407		5. Date Organized or Qualified To Do Business in Florida 11/07/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 60-224210467-852 Applied For Not Applicable	
8. Name and Address of Current Registered Agent V. CYPRAIN ADAMS, P.A. 7491 WEST OAKLAND PARK BLVD. SUITE 12 LAUDERHILL, FLORIDA FL 33319		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name DESMOND A. THOMAS Street Address (P.O. Box Number is Not Acceptable) 5505 FEARNLEY RD LAKE WORTH City LAKE WORTH FL Zip Code 33467			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN Date 11/18/03			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	KENTON, HOPETON	408 17TH STREET	WEST PALM BEACH FL 33407
MGR	GRANT, ALVIN	3017 EXCHANGE COURT, SUITE 1	WEST PALM BEACH FL 33409
MGR	THOMAS, DESMOND	5505 FEARNLEY RD	LAKE WORTH FL 33467
		700024992867 11/24/03--01125--002 **150.00 	
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager Date 11/18/03 Daytime Phone # 561-714-4061 Typed or printed name of signing Managing Member/Manager DESMOND A. THOMAS			

CR2E184 (7/03)