1 of 2

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000008871

1. Entity Name
CARIBBEAN CHILDREN NUTRITION HEALTH EDUCATION CENTER, INC

FILED
05 DEC -6 AM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2314 S W RANCH AVE PORT STE LUCIE, FL 34953	2314 S W RANCH AVE PORT STE LUCIE, FL 34953

10092005 REIN-NP CR2E099 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country: st lucie	Zip: 34953 / Country

4. FEI Number 41-2153954 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLAISE, BEATRICE EXECUTIVE DIRECTOR ~~6160 S CONGRESS AVE~~ ~~LANTANA, FL 33462~~ 2314 SW RANCH AVE PORT ST LUCIE FL 34953	Name Street Address (P.O. Box Number is Not Acceptable) City N/A FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Beatrice Blaise
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $236.25
After January 1, 2006, Fee will be $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BLAISE, BEATRICE ~~6160 S CONGRESS AVE~~ 2314 SW RANCH AVE PORT ST LUCIE ~~LANTANA, FL 33462~~ FL 34953 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400061512744 11/17/05--01030--020 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXECUTIVE DIRECTOR / PRESIDENT ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400061512744 11/17/05--01030--021 **8.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ROULDY ALEXANDRE 3801 RUSSELL AVE WEST PALM BEACH FL 33413 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Andre DORVAL 1258 SW HERMINE AVE PORT ST LUCIE FL 34953 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beatrice Blaise 11-7-05 (772) 418 9318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

M. Williams DEC

11/7/05

To whom it may Concern

I did not receive no prior notice for 2005. Please Waive the $175.00 Penalty Fee.

Thank you

Beatrice Bloxsom