

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN -5 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000010553

1. Corporation Name

CARIBBEAN SOCIAL SERVICES CORP.

2. Principal Office Address

6299 W.Sunrise Blvd.

3. Mailing Office Address

6299 W.Sunrise Blvd.

Suite, Apt. #, etc.

Suite 207

Suite, Apt. #, etc.

Suite 207

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33313

Country

USA

Zip

33313

Country

USA

REINSTATEMENT

CR2E081 (12/05)

05-06

4. Date Incorporated or Qualified
To Do Business in Florida

11/10/ 2004

5. FEI Number

20-1618016

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Powell, Ivan C.

Street Address (P.O. Box Number is Not Acceptable)

1041 Long Island Avenue

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33313

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 05/23/2006

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Powell, Ivan C.	1041 Long Island Ave	Plantation, FL 33312
V.P.	Grant, Suzette M.	333 SW Dagget Ave	Port St. Lucie, FL, 34953
S	Powell, Lester	1271 Sudder Avenue	Port St. Lucie FL, 34953
T	Thaxter, Godfrey	7405 SW 13th Street	North Lauderdale FL, 33068
	Dwyer, Montrose	1684 Ellenwood Dr.	Marietta, GA 30075

10. 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 contained in Chapter 119, 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]

Ivan Powell

05/23/2006

954 792-1444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Caribbean Social Services, Corp.

6299 W. Sunrise Boulevard, Suite 207, Sunrise, FL 33313
Tel. 954-792-1444 * Fax 954-792-1640

June 2, 2006

Name of Officers	Title	Address
Ivan C. Powell	President and Incorporator	1041 Long Island Ave Plantation, Fl. 33313
Suzette M. Grant	Vice President and Registered Agent	333 SW Dagget Ave Port St. Lucie Fl. 34953
Lester I. Powell	Secretary	1271 Sudder Ave Port St. Lucie Ft. 34953
Godfrey Thaxter	Treasurer	7405 SW 13 th Street North Lauderdale Fl. 33068
Mountrose Dwyer	Asst. Secretary	1684 Ellenwood Dr. Marietta, Ga 30075