

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N05000000132

**FILED**  
**Oct 06, 2011**  
**Secretary of State**

**Entity Name:** CARIBBEAN PHILOSOPHICAL ASSOCIATION INC.

**Current Principal Place of Business:**

10023 WINDING LAKE ROAD  
# 201  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

10023 WINDING LAKE ROAD  
# 201  
SUNRISE, FL 33351

**New Mailing Address:**

PO BOX 1881  
MARQUETTE UNIVERSITY  
MILWAUKEE, WI 53201

**FEI Number:** 43-2070572

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOLOMON, SAFIYA  
10023 WINDING LAKE ROAD  
#201  
SUNRISE, FL 33351 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:** SAFIYA SOLOMON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MALDONADO-TORRES, NELSON  
**Address:** 1210 PARK AVE., APT. 2  
**City-St-Zip:** HOBOKEN, NJ 07030

**Title:** VP  
**Name:** MONAHAN, MICHAEL J  
**Address:** 2810 N. BREMEN STREET  
**City-St-Zip:** MILWAUKEE, WI 53212

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MICHAEL MONAHAN

VP

10/06/2011

Electronic Signature of Signing Officer or Director

Date