

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000007895

FILED
Jan 14, 2008
Secretary of State

Entity Name: THE CARIBBEAN INSTITUTE, INCORPORATED.

Current Principal Place of Business:

16358 S.W. 103 STREET
MIAMI, FL 33196 US

New Principal Place of Business:

77 NW 101 STREET
MIAMI SHORES, FL 33150 US

Current Mailing Address:

16358 S.W. 103 STREET
MIAMI, FL 33196 US

New Mailing Address:

77 NW 101 STREET
MIAMI SHORES, FL 33150 US

FEI Number: 20-5341512 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LAURENT, BERTRAND H
16358 S.W. 103 STREET
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

LAURENT, BERTRAND H
77 NW 101 STREET
MIAMI SHORES, FL 33150 US

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: BERTRAND LAURENT

01/14/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAURENT, BERTRAND H
Address: 18 DUKE STREET SOUTH
City-St-Zip: ROCKVILLE, MD 20850 US

Title: VP () Delete
Name: THORMODSGAARD, JULIE E
Address: 18 DUKE STREET SOUTH
City-St-Zip: ROCKVILLE, MD 20850 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAURENT, BERTRAND H
Address: 77 NW 101 STREET
City-St-Zip: MIAMI SHORES, FL 33150 US

Title: VP (X) Change () Addition
Name: THORMODSGAARD, JULIE E
Address: 77 NW 101 STREET
City-St-Zip: MIAMI SHORES, FL 33150 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JULIE THORMODSGAARD

VP

01/14/2008

Electronic Signature of Signing Officer or Director

Date