

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUN -5 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47786

1. Corporation Name

CARIBBEAN SUPPORT MINISTRIES INC.

Principal Place of Business

P.O. BOX 221622
WEST PALM BEACH FL 33422
US

Mailing Address

P.O. BOX 221622
WEST PALM BEACH FL 33422
US



REINSTATEMENT 97-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1405 PARTERRE DR

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

03/11/1992

5. FEI Number

65-0318243

Applied For

Not Applicable

City & State

WEST PALM BCH.

City & State

Zip 33417 Country PALM BEACH

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	BROWN, WINSTON L DR	220 NW 77 WAY	PEMBROKE PINES FL 33024
D	WILKERSON, HERB REV	816 NW FIRST AVE	HALLANDALE FL 33009
D	CURRIE, STEPHANIE MRS	10901 GALAHAD ST	BOCA RATON FL 33428
D	COY, ANGELLA MISS	20210 NE 2ND AVE, UNIT 5	MIAMI FL 33179
			600002557026--2 -06/11/98--01087--003 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

BROWN, WINSTON L
220 NW 77 WAY
PEMBROKE PINES FL 33024

9. Name and Address of New Registered Agent

Name BROWN WINSTON L.
Street Address (P.O. Box Number is Not Acceptable)
1405 PARTERRE DR.
Suite, Apt. #, Etc.

City WEST PALM BEACH State FL Zip Code 33417

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 4/15/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 filling 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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WINSTON L. BROWN 4/15/98