PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP 17 AM 8:00

REINSTATEMENT 02-04

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09/17/04--01050--004 **367.50

DOCUMENT # N94000005841

1. Corporation Name
CARIBBEAN COUNCIL FOR THE BLIND INTERNATIONAL, INC. [CCBI]

3800 INVERRARY BLVD.
3800 INVERRARY BLVD.

2. Principal Office Address		**3.** Mailing Office Address	
3800 INVERRARY BLVD.		3800 INVERRARY BLVD.	
Suite, Apt. #, etc. 101-K		Suite, Apt. #, etc. 101-K	
City & State LAUDERHILL, FL.		City & State LAUDERHILL, FL.	
Zip 33319	Country U.S.A.	Zip 33319	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 11/29/1994

5. FEI Number 65-0580190 ☐ 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
GRANT, ARVEL .L.

Street Address (P.O. Box Number is Not Acceptable)
3800, INVERRARY BLVD.

Suite, Apt. #, Etc.
SUITE 101-K

City LAUDERHILL, FL. State **FL** Zip Code 33319

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 + ARVEL GRANT for Registered Agent Date Fri. 3rd - 09 - 04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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/D	AVRIL, ANTHONY	c/o SLBWA, SanSouci, P.O. Box 788	CASTRIES, ST. LUCIA. W.I.
V/D	MAULE, RAPHAEL	318, Melodians Crescent, Malabar	ARIMA, TRINIDAD. W.I.
T/D	BENJAMIN, LONDEL	Buckleys Village, P.O. Box 337	ST. JOHN'S, ANTIGUA. W.I.
S/D	GRANT, ARVEL. L.	CCB, All Saints Rd., P.O. Box 1517	ST. JOHN'S, ANTIGUA. W.I.
D	MARSON, LOLA	13, Northeast, 12th Ave., PO.Box 8178	ST. CATHERINE, JAMAICA. W.I.

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 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: ARVEL L. GRANT 03-09-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #