

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC -2 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N95000000323*

1. Corporation Name

FCCA FOUNDATION FOR THE CARIBBEAN, INC.
11200 Pines Blvd., #201, Pembroke Pines, FL 33026

11200 Pines Blvd.

2. Principal Office Address

Suite, Apt. #, etc.

#201

City & State

Pembroke Pines, FL

Zip

33026

Country

USA

3. Mailing Office Address

11200 Pines Blvd.

Suite, Apt. #, etc.

#201

City & State

Pembroke Pines, FL

Zip

33026

Country

USA

REINSTATEMENT 02-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/24/95

5. FEI Number

65-0378064

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

Michele M. Paige

Street Address (P.O. Box Number is Not Acceptable)
11200 Pines Blvd.

Suite, Apt. #, Etc.

#201

City

Pembroke Pines

State

FL

Zip Code

33026

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

Date 11/ /04

REGISTERED AGENT MUST SIGN

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
CD	Micky Arison	3655 N.W. 87 Ave.	Miami, FL 33178
PSD	Michele M. Paige	11200 Pines Blvd., #201	Pembroke Pines, FL 33026
TD	Richard E. Sasso	11200 Pines Blvd., #201	Pembroke Pines, FL 33026
D	Paris Katsoufis	11200 Pines Blvd., #201	Pembroke Pines, FL 33026
D	Stephen A. Nielson	11200 Pines Blvd., #201	Pembroke Pines, FL 33026
D	Colin Veitch	11200 Pines Blvd., #201	Pembroke Pines, FL 33026

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/04

Date

305-599-2600

Daytime Phone #

CR2E081 (01/04)