

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 28 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **N96000004883**

1. Corporation Name

**THE FLORIDA CARIBBEAN CHAPTER OF AMERICAN BAMBOO SOCIETY, INC.**

Principal Place of Business

Mailing Address

POST OFFICE BOX 23686  
FORT LAUDERDALE FL 33307

POST OFFICE BOX 23686  
FORT LAUDERDALE FL 33307



REINSTATEMENT 02-03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

09/19/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CAPRON, MEL	48 NORTHEAST 28 COURT	WILTON MANORS FL 33334
RSD	DODGE, PETER	2700 SOUTHWEST 5TH AVENUE	MIAMI FL 33129
VD	DURKO, JESSE	5151 SOUTHWEST 70 AVENUE	DAVIE FL 33314
PD	HAVERFIELD, ELIZABETH A	755 TIZIANO AVENUE	CORAL GABLES FL 33143
TD	GUALA, GERALD III	11935 OLD CUTLER ROAD	MIAMI FL 33156
D	HOLMES, DAN	23051 S.W. 182ND AVE	HOMESTEAD FL

8. Name and Address of Current Registered Agent

HAVERFIELD, ELIZABETH ANN  
755 TIZIANO AVENUE  
CORAL GABLES FL 33143

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

408811141294  
01/28/03--01082--003 \*\*297.50

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

1/21/03

11. 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

Date

Daytime Phone #

1/21/03