


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  
06 JAN 17 PM 1:19

DOCUMENT # N97 00000 4138  
1. Corporation Name Caribbean Association of  
Naples Inc.

2. Principal Office Address <u>4945 Parkway Plaza</u>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Naples</u>		City & State <u>Florida</u>	
Zip <u>34116</u>	Country	Zip	Country

**REINSTATEMENT** 04-06  
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida <u>7-18-1997</u>	
5. FEI Number <u>59-3467144</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>Yvonne E Forbes</u>	<u>500064593045</u> 01/26/06--01065--018 **8.75
Street Address (P.O. Box Number is Not Acceptable) <u>106 Cedar Crest Ct</u>	<u>500064593045</u> 01/26/06 01065 017 **350 75
Suite, Apt. #, Etc.	
City <u>Naples</u>	State <u>FL</u> Zip Code <u>34113</u>

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 Yvonne Forbes Date 1-10-06

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
<u>Pres</u>	<u>Yvonne E FORBES</u>	<u>4945 Parkway Plaza</u>	<u>Naples FL 34116</u>
<u>VP</u>	<u>Aurillo Harbor</u>	<u>4945 Parkway Plaza</u>	<u>Naples FL 34116</u>
<u>Treasur</u>	<u>OZZIE Ritchie</u>	<u>4945 Parkway Plaza</u>	<u>Naples FL 34116</u>

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 contained in Chapter 119, 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: Yvonne Forbes 1-10-06 239-821-2918  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1/18aw