

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

02 DEC 23 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N97000004138

**1. Corporation Name**

Caribbean Association of Naples, Inc.

000009785100  
01/02/03--01038--015 \*\*306.25

**2. Principal Office Address**

2894 E. Tamiami Trail

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34112

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 01-02

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

7-18-97

**5. FEI Number**

59-3467144

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

Fitzgerald Frater

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

6034 Shallows Way

Suite, Apt. #, Etc.

City

Naples

State  
**FL**

Zip Code  
34109

**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

REGISTERED AGENT MUST SIGN

Date 12/20/02

**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
PD	Fitzgerald Frater	6034-Shallows-Way	Naples, FL 34109
SD	W Nicole J. Woode	P.O. Box 10595	Naples, FL 34101
TD	Leroy Buchanan	5240 Floridean Avenue	Naples, FL 34113
VPD	Clive Plummer	2894 E. Tamiami Trail	Naples, FL 34112

**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

Date

Daytime Phone #

12/20/02 941 649 4700