2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # N9700004948 1. Entity Name CARIBBEAN-AMERICAN PEOPLE ASSOCIATION, INC.							SECRET) TALLAHA	ARY OF	STATE FLORIDA	1	
Principal Place 843 CYPRES: #128 KISSIMMEE, I	S PARKWAY		Mailing Address 843 CYPRESS PARK #128 KISSIMMEE, FL 34		(20271570 XVIIIIIIIII	71181 7801023-		753 **297. ####################################	50
2. Principal P	lace of Busine	ss - No P.O. Box #	3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				02/02/04/04/04	MATE	Verze	1/01	7-08
City & State	е		City & State			4	I. FEI Number 59-34801	180		<u> </u>	plied For t Applicable
Zip		Country	Zip	Co	untry		5. Certificate of			\$8.75 Add Fee Required	
	6. Name a	and Address of Current F	Registered Agent			7	. Name and A	ddress of New R	egistered .	Agent	
					Name	247	1 = Y	MICHA	51	Δ	
	r, HUBERT HACIENDA				Street Ad	ddress (P.C). Box Number i	is Not Acceptable			
), FL 32839	€			498	PEFF	ERMIL	e CIR	CLE		
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					City K:	ISSI	MMEE		FL	Zip Code 347.	58
	named entity	submits this statement for red agent.	r the purpose of changing	its register	'K:		•	in the State of Flo		· 347.	<u> 58</u>
	ions of register	red agent.	Bailey		ed office or	registered	•			familiar with,	<u> 58</u>
the obligat	Signature, typed or		Bailey		ed office or	registered	agent, or both,		DATE	familiar with,	se and accept
the obligat	Signature, typed or	red agent. A	Reculted applicable.	NOTE: Register	ed office or i	registered	agent, or both,	M. Flori	DATE ake checida Depar	familiar with,	and accept
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TREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	Michael A Sailey	2-1-08	A07-346-7123
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #