

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 14 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N9900000295

1. Corporation Name

CARIBBEAN ORGANIZATION OF TALLAHASSEE INC

2. Principal Office Address

1315 E. LAFAYETTE ST

Suite, Apt. #, etc.

Suite C

City & State

TALLAHASSEE FL

Zip

32301

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/99

5. FEI Number

593609090

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

STEPHEN KNIGHT

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

1315 E. LAFAYETTE ST

Suite, Apt. #, Etc.

Suite C

City

TALLAHASSEE FL 32301

State

FL

Zip Code

100043611751

12/23/04--01028--017 **122.50

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-14-04

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
PP	DANIEL KEE	1516 BLOCKFORD CT EAST	TALLAHASSEE FL 32304
VPD	STEPHEN KNIGHT	2019 SULLYMARLE CT	TALLAHASSEE FL 32301
TD	LEONILLA ADONIS	806 ESSEX DRIVE	TALLAHASSEE FL 32308

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-14-04

Date

850
313-351

Daytime Phone #

CR2E081 (01/04)

2002

TO WHOM IT MIGHT CONCERN

I STEPHEN KNIGHT ~~DO~~ DID NOT

Receive any ~~OFFICE~~ INFORMATION ON THE ANNUAL REPORT
FOR 2003

SINCERELY

Stephen Knight