

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT #

N99000002239

01 APR 16 AM 8:56

1. Corporation Name

CARIBBEAN INTERNATIONAL MINISTRIES, INC.

Principal Place of Business

Mailing Address

2080 Pine Needle Trail
Kissimmee, Florida 34741

SAME

500004037165--5

-04/23/01--01005--013

****297.50 ****297.50

REINSTATEMENT 00-01

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

April 15, 1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3665281

Applied For

City & State

City & State

Not Applicable

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Rev. S. Alexis Wallace	2080 Pine Needle Trail	Kissimmee, FL 34741
VPTD	Evelina J. Wallace	2080 Pine Needle Trail	Kissimmee, FL 34741
D	Rev. Dr. Amar Rambisoon	13137 Plumlake Circle	Clermont, FL 34711
D	Pastor Arthur Lee	1700 E. Irlo Bronson Memorial Highway	Kissimmee, FL 34744
D	Rupert Henry	1473 Acorn Court	Kissimmee, FL 34744
SD	Rev. Dr. Whitfield D. Blenman	2500 Hikers Court	Kissimmee, FL 34743

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Reverend S. Alexis Wallace
2080 Pine Needle Trail
Kissimmee, Florida 34741

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of
Registered Agent

Shakure

Date 04/12/01

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Shakure - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/01

Date

(407) 847-7197

Daytime Phone #

CR2E081 (12/98)