

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY 22 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000005907

1. Corporation Name

CARIBE CONTRACTING INC.

Principal Place of Business

2184 MOUNTAIN SPRUCE ST.
OCOEEE FL 34761

Mailing Address

P.O. BOX 681987
ORLANDO FL 32868

Handwritten mark

REINSTATEMENT 01-02

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

01/10/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

59-3623984

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip Country

Zip Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	RODERICK JOHNSON	2184 MOUNTAIN SPRUCE ST	OCOEEE, FL 34761
S	KAREN JOHNSON	2184 MOUNTAIN SPRUCE ST	OCOEEE, FL 34761
			100005971031-8 -06/25/02--01041--031 ***150.00 ***150.00
			100005971031-8 -06/25/02--01041--032 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

TURNER, DEBORAH A
225 WAYMONT CT., STE. 101
LAKE MARY FL 32746

9. Name and Address of New Registered Agent

Name

RODERICK JOHNSON

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

2184 MOUNTAIN SPRUCE STREET

Suite, Apt. #, Etc.

City

OCOEEE

State

FL

Zip Code

34761

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

Signature of Roderick Johnson
REGISTERED AGENT MUST SIGN

Date 5/16/02

11. 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 of Roderick Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/02
Date

321-508-2562
Daytime Phone #

CR2E040 (8/01)