

attachment 1092

2008 FOR PROFIT CORPORATION REINSTATEMENT REPORT

DOCUMENT # P00000037540

1. Entity Name
CARIBBEAN GOLD JEWELRY, INC.



08 OCT 15 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7650 S TAMiami TRAIL
STE 11
SARASOTA, FL 34231

Mailing Address
7650 S TAMiami TRAIL
STE 11
SARASOTA, FL 34231



09112008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

4. FEI Number
65-1007869

Applied For
Not Applicable

City & State
Zip Country

City & State
Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YANCHEK, JOHN A ESQ.
1819 MAIN STREET
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HILL, MARION O JR.
STREET ADDRESS 7650 SOUTH TAMiami TRAIL SUITE 11
CITY-ST-ZIP SARASOTA, FL 34231

TITLE VPD ☐ Delete
NAME HILL, NATHANAEL S
STREET ADDRESS 1704 DEWITT AVE
CITY-ST-ZIP LEHIGH ACRES, FL 33971

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 600136932746
STREET ADDRESS 10/15/08--01006--008 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET 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 indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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 [Signature] Prio 10-5-08 941-927-1691
DATE DAYTIME PHONE #

REINSTATEMENT 2008

After calling and
informing that I did
not receive the notice
and was confused by
the website that I
could include a \$150.00
check or waive late fees

THANKS

Bobby Hill