

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

01-02

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P00000051334**

1. Corporation Name

*Caribbean Splash Restaurant and
Grocery Inc.*

2. Principal Office Address

1908 E. Fletcher

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33612

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

50th

Zip

Country

FILED

02 MAR -4 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

07/10/01 90118 021 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3648511

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

Carlton H. Richards

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

1908 E. Fletcher

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33612

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

Carlton H. Richards

Date

2/26/2002

REGISTERED AGENT MUST SIGN

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
<i>P</i>	<i>Carlton H. Richards</i>	<i>1908 E. Fletcher Ave</i>	<i>Tampa FL 33612</i>

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:

Carlton H. Richards

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/26/2002

Daytime Phone #

65