

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL -3 PM 3:02

DOCUMENT # P00000066955

1. Corporation Name

Caribbean Wear, Inc.
730 Duval Street
Key West FL 33040

600105627386

07/06/07--01030--015 **450.00

600105627386

07/06/07--01030--016 **600.00

2. Principal Office Address - No P.O. Box #

730 Duval Street

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Key West FL

City & State

Zip

33040

Country

Monroe

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/10/2000

5. FEI Number

65-1021790

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

Mary Beth Meyers CPA

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

3201 Flagler Avenue, Suite 506

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040



The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Mary Beth Meyers CPA
REGISTERED AGENT MUST SIGN

Date April 26, 2007

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
PS	Sami Kiperman	1518 5th Street Key West FL 33040	Key West FL 33040
VT	Bonita Robinson - Kiperman	1518 5th Street	Key West FL 33040

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bonita Robinson - Kiperman

4/30/07

Date

923 1015

Daytime Phone #