

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000000185

1. Corporation Name

CARIBBEAN SUN VENTURES, INC.

Principal Place of Business

1110 MANDARIN DRIVE NE  
PALM BAY FL 32905

Mailing Address

1110 MANDARIN DRIVE NE  
PALM BAY FL 32905

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

01/01/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-3693444

Applied For

Not Applicable

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 3	City / State / Zip 4
D	WILLIAMS, ALLEN	1110 MANDARIN DRIVE NE	PALM BAY FL 32905

600008625026  
10/28/02--01080--007 \*\*150.00

*Allen Williams*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FLORIDA INCORPORATORS, INC.  
1221 BRICKELL AVENUE  
SUITE 900  
MIAMI FL 33131

Name

Allen Williams

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

1110 Mandarin Dr. NE

Suite, Apt. #, Etc.

City

Palm Bay

State

FL

Zip Code

32905

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Allen Williams* SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date Oct. 23, 2002

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:

*Allen Williams* SIGNATURE REQUIRED

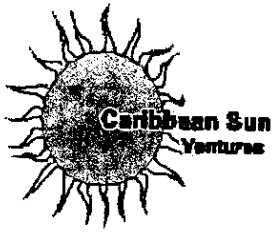
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 23, 2002 (321) 728-1995

Date

Daytime Phone #

CR12E040 (8/02)



1110 Mandarin Drive NE  
Palm Bay, Florida 32905  
Voice: (321)728-1995  
FAX: (321) 722-0580

October 23, 2002

Florida Department of State  
Division of Corporations  
Annual Report/ Reinstatement Section  
P. O. Box 6327  
Tallahassee, Florida 32314-6327

Dear Sirs:

As per filing instructions, I am notifying you that this corporation did not receive the two prior Uniform Business Report (UBR) notices. Presumably, this is because they were sent to the prior registered agent, with whom I have been unable to establish contact for many months now.

In order to prevent such an occurrence in the future, I have, on the provided form, changed the registered agent to the corporate address.

Your attention to this is appreciated.

Regards,

Allen N. Williams, President  
Caribbean Sun Ventures, Inc.