

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN 23 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000051672

1. Corporation Name

CARIBBEAN MEDIA NETWORK, Inc

2. Principal Office Address

13018 NE 8 Ave

Suite, Apt. #, etc.

City & State

N. Miami, FL

Zip

33161

Country

USA

3. Mailing Office Address

13018 NE 8 Ave

Suite, Apt. #, etc.

City & State

N. Miami, FL

Zip

33161

Country

USA

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/24/01

5. FEI Number

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

Alond Pierre-Camel

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

12794 W. Dixie Hwy

Suite, Apt. #, Etc.

City

N. Miami

State

FL

Zip Code

33161

200028228542

02/05/04--01015--009

**150.00

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

Alond Pierre-Camel

REGISTERED AGENT MUST SIGN

Date

1/20/04

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
PD	Jean Monestime	13018 NE 8 Ave	N. Miami FL 33161
TD	Kettia Monestime	13018 NE 8 Ave	N. Miami FL 33161
VD	Jacques Pierre-Louis	13018 NE 8 Ave	N. Miami FL 33161
SD	Maxo Sinal	13018 NE 8 Ave	N. Miami FL 33161

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-20-04

Daytime Phone #

CR2E081 (10/02)

November 5, 2003

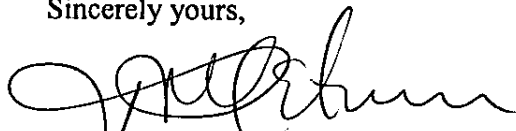
Department of State
Division of Corporations
P.O Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Re: Caribbean Media Network Corporation Status

This letter is to respectfully request that the status of Caribbean Media Network, Inc. be re-instated as an active Florida corporation. I never received the Uniform Business Report (UBR) from your office. It was not until my accountant mentioned to me that I needed to fill out the UBR form on an annual basis, that I realized that I had not done so for the year 2002. I sincerely apologize for the oversight. Attached you will find a completed form UBR form along with the fee of \$150.00. I trust that you will grant this one-time request to re-activate Caribbean Media Network, Inc. and promise to comply with all the filing requirements for this corporation from now on.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Jean Monestime', written over the typed name.

Jean Monestime, President
Caribbean Media Network