

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILE
05 FEB 18 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05



TK

DOCUMENT # P01000100170		
1. Entity Name SECURITY TITLE (CARIBBEAN), INC.		

Principal Place of Business 50 S.E. KINDRED STREET SUITE 107 STUART, FL 34994	Mailing Address 50 S.E. KINDRED STREET SUITE 107 STUART, FL 34994
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2. Principal Place of Business 2055 South Kanner Highway Suite, Apt. #, etc.	3. Mailing Address 2055 South Kanner Highway Suite, Apt. #, etc.
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02172005 REIN-P CR2E098 (6/04)

City & State Stuart FL	City & State Stuart FL
Zip 34994	Zip 34994
Country USA	Country USA

4. FEI Number 65-1151474	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KOHL, N. DEAN, JR. ESQ. 50 S.E. KINDRED STREET SUITE 107 STUART, FL 34994	7. Name and Address of New Registered Agent Name Kohl, N. Dean, Jr. Esq. Street Address (P.O. Box Number is Not Acceptable) 2055 South Kanner Highway City Stuart FL Zip Code 34994
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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 \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WICKER, LAVONNE L 50 S.E. KINDRED STREET STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOHL, N. DEAN, JR. ESQ 2055 SOUTH KANNER HWY STUART, FL 34994 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200047102222 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/23/05--01007--005 **\$300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 2/17/05 772-223-9999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #