

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 30 AM 8:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P01000110977*

1. Corporation Name

Caribbean Depiction, Inc.

2. Principal Office Address

6002 NW 77th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

6002 NW 77th Ave

Suite, Apt. #, etc.

City & State

Tamarac, Florida

City & State

Tamarac Florida

Zip

33321

Country

USA

Zip

33321

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

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

Less Accounting & Business Services, Inc.

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

4974 N. University Dr

Suite, Apt. #, Etc.

City

Lauderhill

State

FL

Zip Code

33351

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *4.23.04*

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
<i>P</i>	<i>Evet Cadogan</i>	<i>6002 NW 77th Ave Tamarac, FL, 33321</i>	

600035781136
05/07/04--01092--031 **450.00

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:

Evet Cadogan - President 4-26-04 954-746-5011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)



ACCOUNTING & BUSINESS SERVICES, INC.

4974 North University Drive • Sunrise, FL • 33351

*Florida Department of Revenue
Division of Corporations
P.O Box 6327
Tallahassee, FL, 32314*

April, 5, 2004

*RE: Caribbean Depiction, Inc.
DN; P0100011097*

To Whom It May Concern:

In reference to the above company, my client, received from the department of state an application for reinstatement stating that the corporation was dissolved due to non filing of the 2003 UBR. It is our understanding that this is the first notice my client has received.

My client didn't receive the 2003 UBR and was unaware of the penalties as well. We ask that you please take this into consideration and waive my client's penalty fees. Thank you for your consideration

Respectfully,

*Colleen Pope
Accounting Associate*

Ruth Liverpool, President

Phone: 954-746-5011 • Fax 954-746-7996

PERSONAL & CORPORATE • INCOME TAX SERVICE
BOOKKEEPING • PAYROLL • FINANCIAL STATEMENTS