

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000023596**

1. Corporation Name

**CARRINGTON CARIBBEAN COMMERCE CORP.**

Principal Place of Business

Mailing Address

1230 N.E. 204 TERR.  
NORTH MIAMI BEACH FL 33179

1230 N.E. 204 TERR.  
NORTH MIAMI BEACH FL 33179



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**18 SW 3 RD AVE**

3. New Mailing Office Address, If Applicable

**1220 N.E. 204 TER**

Suite, Apt. #, etc.

**HIAWATHA BEACH**

Suite, Apt. #, etc.

City & State

**FLORIDA**

City & State

**NORTH MIAMI BEACH**

Zip

**33109**

Country

**BROWARD**

Zip

**33179**

Country

**FLORIDA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/26/2002**

5. FEI Number

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
<b>PRESIDENT</b>	<b>C. ED D. ELLERY CARRINGTON</b>	<b>1220 N.E. 204 TER</b>	<b>N.M.B. FL 33179</b>
<b>SECRETARY</b>	<b>HAYLEY CARRINGTON</b>	<b>149-46. 117 ST</b>	<b>JAMAICA - N.Y 11420</b>

100024188031  
10/28/03--01013--006/ \*\*150.00

8. Name and Address of Current Registered Agent

**CARRINGTON, D. ELLERY**  
**1220 N.E. 204 TERR.**  
**NORTH MIAMI BEACH FL 33179**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

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

**D. Ellery Carrington**

REGISTERED AGENT MUST SIGN

Date

**10/20/03**

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:

**D. Ellery Carrington**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/20/03 3056547739**

Daytime Phone #

CR2E040 (7/03)

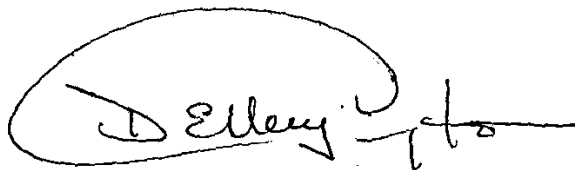
1220 N.E 204 Ter  
N.M.B. FC 33179  
10/20/03

CARRINGTON  
CARIBBEAN COMMERCE CORP.

FLORIDA DEPARTMENT OF CORPORATIONS  
TO WHOM IT MAY CONCERN.

Please accept my sincere apology for not filing  
at the appropriate time. Unfortunately I was unaware  
of the required guidelines, neither did I receive any  
notices to renew the above stated corporation.

Thank you

A handwritten signature in dark ink, appearing to read "D. Elley". The signature is enclosed within a hand-drawn oval. To the right of the oval, there is a horizontal line with a small upward tick at its end.

D. ELLEY CARRINGTON