


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000062790		
1. Entity Name CARIBBEAN COALITION CORPORATION		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 28 AM 10:28

REINSTATEMENT 06

Principal Place of Business 2446 NW 73RD AVE SUNRISE, FL 33313	Mailing Address 2446 NW 73RD AVE SUNRISE, FL 33313
--	--



2. Principal Place of Business 15847 NW 4th CT. Suite, Apt. #, etc.	3. Mailing Address 15847 NW 4th CT. Suite, Apt. #, etc.
---	---

11202006 REIN-P CR2E098 (11/05)

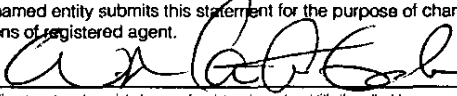
City & State PEMBROKE PINES, FL	City & State PEMBROKE PINES, FL
Zip 33028	Country USA

4. FEI Number 73-1636869	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

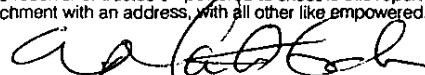
6. Name and Address of Current Registered Agent GARDNER, W. MACARTHUR 2446 NW 73RD AVE SUNRISE, FL 33313	
---	--

7. Name and Address of New Registered Agent Name W. MACARTHUR GARDNER Street Address (P.O. Box Number is Not Acceptable) 15847 NW 4th CT. City PEMBROKE PINES FL Zip Code 33028	
--	--

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  Signature, typed or printed name of registered agent and title if applicable.	W. MACARTHUR GARDNER 11/19/06 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$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	P GARDNER, W. MACARTHUR 2446 NW 73RD AVE SUNRISE, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P W. MACARTHUR GARDNER 15847 NW 4th CT. PEMBROKE PINES, FL 33028 <input checked="" 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	1000821005 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11/28/06--01033--023 **150.00
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
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	W. MACARTHUR GARDNER 11/19/06 954.993-2274 Date Daytime Phone #