

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 NOV 21 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000107450

1. Corporation Name

CARIB DISC INTERNATIONAL, INC.

Principal Place of Business

305 S.W. 120TH AVENUE
PEMBROKE PINES FL 33025

Mailing Address

305 S.W. 120TH AVENUE
PEMBROKE PINES FL 33025

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

10/02/2002

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D/P	LEWIS, CHARLES D VP/T	305 S.W. 120TH AVENUE	PEMBROKE PINES FL 33025
S	PITTER, DAVID	305 S.W. 120TH AVENUE	PEMBROKE PINES FL 33025

8. Name and Address of Current Registered Agent

POWELL, CHARMAINE C ESQ.
20401 N.W. 2ND AVENUE, SUITE 209
MIAMI FL 33169

9. Name and Address of New Registered Agent

Name **Cuervo & Associates, P.A. - CPAs**
Street Address (P.O. Box Number is Not Acceptable)
235 N. University Drive, Ste 11
Suite, Apt. #, Etc.
City **Pembroke Pines, FL** State **FL** Zip Code **33024**

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

William Lewis, CPA
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **11-10-03**

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:

Charles D Lewis
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 8210941

CR2E040 (7/03)

Carib Disc International, Inc.
305 SW 120th Avenue
Pembroke Pines, FL 33025
Tel: (954) 966-3514

November 10th, 2003

Reinstatement Division
Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302

Ref: Request for Waiver of Reinstatement Penalty for DOC# P02000107450; Carib Disc International, Inc.

Dear Sir or Madam,

Following this cover letter please find the 2003 Uniform Business Report along with a check in the amount of \$150.00. We understand now that the filing deadline of May 1st, 2003 has passed, but had been awaiting the UBR report for modification from the Division of Corporations which never arrived.

Hence, we respectfully request that you accept the 2003 For Profit Corporation UBR along with this reinstatement request and waive the \$400.00 penalty due to not having received the initial report. We greatly appreciate your prompt and professional attention to this matter.

Very truly yours,



Mr. Charles D. Lewis
President