

2004 FOR PROFIT CORPORATION REINSTATEMENT				FILEU	
DOCUMENT # P03000115000				04 NOV 19 PH 3: 58	
1. Entity Name CARIBCO INTERNATIONAL, INC.				SECRETARY OF STATE FALLAHASSEE. FLORIDA	
Principal Place 350 GULF BL INDIAN ROCK		Mailing Address 350 GULF BLVD INDIAN ROCKS BEACH, FL	L 33785	REINSTATEMENT OF	كإشبي
	lace of Business GULF Blud.	3. Mailing Address 1839 5 GULF Suite, Apt. #, etc.	Blud.		
Sui City & State	re 201	Suite ZOI		11162004 REIN-P CR2E098 (6/04) 4. FEI Number Applied For	
Indian	n Shores, FL	Indian Shore		651207753 Not Applica	
· 3378			Country USA	-5. Certificate of Status Desired. \$8.75 Additional Fee Required	
	6. Name and Address of Current I	Registered Agent	Name -	7. Name and Address of New Registered Agent	
MELANSO	•			Thane Melanson Address (P.O. Box Number is Not Acceptable)	
350 GULF BLVD INDIAN ROCKS BEACH, FL 33785					
			City	Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or register.				ndian Shores ru 33785	
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent a			Mov. 17 th , 2001, seture required when reinstating)	ж рі
	E NOW!!! FEE IS \$150.00 luary 1, 2005, Fee will be \$300.00	0		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	-
10.	OFFICERO AND	t			
	, 	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS	DP MELANSON, THANE 350 GULF BLVD	☐ Delete	TITLE NAME STREET ADDRESS	DP Change Addit Melanson, Thane Suite 201	tion
NAME STREET ADDRESS CITY-ST-ZIP	DP MELANSON, THANE	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Melanson, Thane Melanson, Thane 18395 GULF Blud. Swite 201 Indian Shares, FL 33785	
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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 apport 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 trusted 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 attachner, with an address with all other like empowered.

CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 17th, 2004

(727)595-29/9 Daytime Phone I