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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 19 AM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700106417967
07/19/07--01060--007 **600.00

REINSTATEMENT

DOCUMENT # PO3000127427

1. Corporation Name

CARIBBEAN-AMERICAN
COMMENTARY NEWS PAPER
Company

2. Principal Office Address - No P.O. Box #

4191 N. STATE RD 7

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAUDERDALE

City & State

FL

Zip

33319

Country

US

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/6/2003

5. FEI Number

08-0572344

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

ROVAN LOCKE

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

4191 N. STATE RD 7

Suite, Apt. #, Etc.

City

Lauderdale

State

FL

Zip Code

33319

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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]

Date 7/10/07

REGISTERED AGENT MUST SIGN

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
Dir	ROVAN LOCKE	4406 NW 45th Ave TAMARAC FL 33319	TAMARAC FL
Dir	TRIFLENE	15 MAPLE RD	TEANECK NJ 07666
Sec	LEONA Minto	4191 N. STATE RD	Lauderdale FL
Treas	WINSOME BURKE	4191 N. STATE RD	Lauderdale FL 33319

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 contained in Chapter 119, 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:

[Signature] ROVAN LOCKE

7/10/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

@ Michael JUL 19 2007

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Dr. Rovon Locke, PhD
Caribbean American Commentary News Paper
4191 N. State Rd 7
Lauderdale, FL 33319
954-927-1767

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I didn't received renewal notices for the following years, 2004, 2005, 2006 and 2007.

I am requesting reinstatement of the enclosed corporation