

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 DEC 29 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P03000142030

**1. Corporation Name**

Caribbean Global Resorts International  
Inc.

**2. Principal Office Address**

1799 NE 164th St  
NMB, Ste 113, FL 33162  
Suite, Apt. #, etc.

113

**City & State**

NMB, FL 33322

**Zip**

33162

**Country**

USA

**3. Mailing Office Address**

1799 NE 164th St  
NMB, Ste 113, FL 33162  
Suite, Apt. #, etc.

113

**City & State**

NMB, FL 3332

**Zip**

33162

**Country**

USA

**REINSTATEMENT**

04

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

**5. FEI Number**

20-0390368

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$3975. Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

Mark I. Fisher

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

Ste 113, 1799 NE 164th Street

**Suite, Apt. #, Etc.**

North Miami Beach, FL 33162

**City**

**State**  
FL

**Zip Code**

600043693976

12/29/04--01025--021 \*\*750.00

**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**

*Mark Fisher*

**REGISTERED AGENT MUST SIGN**

**Date** 12/20/04

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip.</b>
Pres	Sampson Daruvala	1799 NE 164th St, Ste 113	NMB, FL 33162
CFO	Emmanuel Obiesie	2530 NW 131st St	Miami, FL 33167
D	Thomas Roy	1799 NE 164th St, STE 113	NMB, FL 33167
D,AT	Mark I. Fisher	1799 NE 164th St, Ste 113	NMB, FL 33162
D,S	Merland J. Conine	1799 NE 164th St Ste 113	NMB, FL 33162
D	William Hendrickson	1799 NE 164th St, Ste 113	NMB, FL 33162

**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 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:**

Merland J. Conine, S.

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

12/20/04

**Daytime Phone #**

305-945-2418

CR2E081 (01/04)