

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 JAN 10 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000143301

1. Corporation Name

CARIBBEAN BROADBAND NETWORKS  
INC.

REINSTATEMENT 06-07<sup>KS</sup>

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

232 NW 44<sup>th</sup> AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PLANTATION FL.

City & State

Zip

33317

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/20/2005

5. FEI Number

203694344

☐ 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

DWIGHT GREER

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

232 NW 44<sup>th</sup> AVE

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33317

☒ 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

Date 12/18/2007

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
PRESIDENT CEO	DWIGHT GREER	232 NW 44 <sup>th</sup> AVE	PLANTATION FL 33317

2000115395642  
01/17/08--01027--017 \*\*300.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/08  
Date

934-249 9585  
Daytime Phone #

KS