


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
98 FEB -2 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **70300000710**  
1. Corporation Name  
**Caribbean Destinations Inc**

Principal Place of Business Mailing Address  
**6701 Collins Ave  
Miami Beach, FL 33141**

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

**REINSTATEMENT 04-98**

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>01-09-93</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0380861</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1. Pres	2. Helge Herrmann	3. 4301 Collins Ave. # 1005 Miami Beach, FL 33140	4. Miami Beach, FL 33140
			100002422461 --- 9 -02/05/98--01062--005 ***1350.00 ***1350.00
			<b>JB 23-98</b>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
<b>Helge Herrmann</b>		Name <b>Helge Herrmann</b>			
		Street Address (P.O. Box Number is Not Acceptable) <b>4301 Collins Ave</b>			
		Suite, Apt. #, Etc. <b># 1005</b>			
		City <b>Miami Beach</b>		State <b>FL</b>	Zip Code <b>33140</b>

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.

Signature of Registered Agent **Helge Herrmann** Date **01-30-98**  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: **Helge Herrmann** Date **01-30-98** Daytime Phone # **305-868-3208**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED40 (1/98)