

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

AND
FILED

97 DEC -1 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000010948**

1. Corporation Name
CARIBBEAN POSSE, INC.

Principal Place of Business
~~032D MEADOWVIEW DR.~~
PORT ORANGE FL 32127

Mailing Address
~~032D MEADOWVIEW DR.~~
PORT ORANGE FL 32127



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

2. New Principal Office Address, If Applicable
5804 Alstrum Drive
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
5804 Alstrum Drive
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida **02/12/1993**

5. FEI Number **59-3165534**

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	WILLIAMS, GEOFFREY	032D MEADOWVIEW DR. 5804 Alstrum Drive	PORT ORANGE FL 32127
V	OLIVER, BING	032D MEADOWVIEW DR. 470 N. Beach St.	PORT ORANGE FL 32127
S	ORTA, TOMAS	032D MEADOWVIEW DR. 1219 Florence Court	Ormond Beach, FL 32179
			Holly Hill, FL 32117
			300002363493-1
			-12/04/97-01107-016
			***750.00 ***750.00
			11/2/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAMS, GEOFFREY
~~032D MEADOWS VIEW DR~~
PORT ORANGE FL 32127

Name

Street Address (P.O. Box Number is Not Acceptable)
5804 Alstrum Drive
Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Geoffrey Williams
REGISTERED AGENT MUST SIGN

Date **11-20-97**

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Geoffrey Williams

Date

Daytime Phone #

11-20-97

904 760-0875

CR2040 (8/97)