

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -6 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000075750

1. Corporation Name

CARIBBEAN AFFAIRS, INC.

2. Principal Office Address

1750 COMMODORE BLVD.

Suite, Apt. #, etc.

SUITE 2204

City & State

COCOA BEACH FL

Zip

32931

Country

US

3. Mailing Office Address

1750 COMMODORE BLVD.

Suite, Apt. #, etc.

SUITE 2204

City & State

COCOA BEACH FL

Zip

32931

Country

US

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/1993

5. FEI Number

65-0452813

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

ALFREDO RAMOS

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

1750 COMMODORE BLVD.

Suite, Apt. #, Etc.

SUITE 2204

City

COCOA BEACH

State

FL

Zip Code

32931

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

X *Alfredo Ramos*

Date X 9/27/04

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
D	ALFREDO RAMOS	1750 COMMODORE BLVD., #2204	COCOA BEACH, FL 32931

100041641081
10/06/04--01035--008 **450.00

JR10/17

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: X

Alfredo Ramos

DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X

Date

9/27/04

(704) 655-9415

Daytime Phone #

IMBER & COMPANY

Certified Public Accountants

1031 North Miami Beach Boulevard
North Miami Beach, Florida 33162

August 23, 2004

Phone: (305) 949-8361

(800) 829-3279

Fax: (305) 956-5131

Email: imber@imberandcompany.com

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

Re: Caribbean Affairs, Inc.
Employer ID # 65-0452813

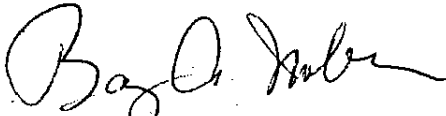
Dear Sir or Madam:

We are enclosing a Reinstatement Form for this corporation along with a check for \$450. We are requesting that you accept the \$450 to cover corporate registration for 2002, 2003 and 2004 and not the reinstatement fee for the following reason: Taxpayer's previous address was 8005 SW 107th Avenue, #212, Miami, Florida 33173. The new address is 1750 Commodore Boulevard, Suite 2204, Cocoa Beach, Florida 32931. The Company moved in the latter part of 2001 and the mail was not forwarded to the new address. As this is the first time this has happened, we would appreciate your acceptance of this payment of \$400.

Thanking you in advance for your consideration in this matter.

Very truly yours,

IMBER & COMPANY



Barry A. Imber
Certified Public Accountant

BAI:rel
Enclosures

cc: Alfredo Ramos