

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **994000029130**

1. Corporation Name

CARIBBEAN BASIN INDUSTRIES, INC.

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

2407 CASEY KEY

Suite, Apt. #, etc.

3. Mailing Office Address

2407 CASEY KEY

Suite, Apt. #, etc.

City & State

NOKOMIS FL

City & State

NOKOMIS FL

Zip

34275

Country

SARASOTA

Zip

34275

Country

SARASOTA

7. Name and Address of Current Registered Agent

Name

RBH SOLUTIONS, LLC

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

1790 E. VENICE AVENUE

Suite, Apt. #, Etc.

203

City

VENICE

State

FL

Zip Code

34292

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

Ronald Hogarth (RONALD HOGARTH), MANAGING MEMBER
REGISTERED AGENT MUST SIGN

Date

2/10/12

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
P	DIANE K. McNEEL	2407 CASEY KEY	NOKOMIS, FL 34275
V	IAN E. McNEEL	2407 CASEY KEY	NOKOMIS, FL 34275

REINSTATEMENT

S. HAWKES
MAR - 2012
EXAMINER

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 617.155, F.S.

SIGNATURE

DIANE K. McNEEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/12
Date

941-726-7002
Daytime Phone #