

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 96-98
REINSTATEMENT



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

98 MAR 18 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94 0000 76375

1. Corporation Name

Caribbean Lifestyles 94 Inc.

Principal Place of Business

Mailing Address

386 N.E. 191 Street
Miami, FL. 33179

386 N.E. 191 Street
Miami, FL. 33179

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0527567

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)

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
Pres.	Basil Bernard	624 N.E. 205 Terrace Miami, FL. 33179	000002467230--5 -03/24/98-01106-006 ***1050.00 ***1050.00
Treas.	Marlene Bernard	624 N.E. 205 Terrace Miami, FL. 33179	REINSTATEMENT 96-98
V.P.	Gregory Silvera	20221 N.E. 21 Avenue Miami, FL. 33179	A. allen
VP/Sec	Stacey Silvera	20221 N.E. 21 Avenue Miami, FL. 33179	3/18/98
V.P.	Richard Bryce	624 N.E. 205 Terrace Miami, FL. 33179	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

8. Name and Address of Current
Registered Agent
Marlene Bernard
624 N.E. 205 Terrace, Miami, FL 33179

Name

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

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

B. Bernard

REGISTERED AGENT MUST SIGN

Date

3/18/98

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Bernard

3/18/98

Date

Daytime Phone #