

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 SEP -7 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000039138

1. Corporation Name

CARIBBEAN-PROPERTIES, INC.

Principal Place of Business

6104 RAINHOLLW CT.
TEMPLE TERRACE FL 33617

Mailing Address

6104 RAINHOLLW CT.
TEMPLE TERRACE FL 33617



REINSTATEMENT 9/5/2000

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/17/1995

5. FEI Number

59-3430311

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	EVANS, ELIZABETH EVANS, AUDLEY	6104 RAINHOLLW CT.	TEMPLE TERRACE FL 33617
VD	EVANS, DAMON EVANS, ELIZABETH	6104 RAINHOLLW CT.	TEMPLE TERRACE FL 33617
D	EVANS, DARREN EVANS, DAMION	6104 RAINHOLLW CT.	TEMPLE TERRACE FL 33617
D	EVANS, TEANN EVANS, DARREN	6104 RAINHOLLW CT.	TEMPLE TERRACE FL 33617
D	EVANS, AUDLEY EVANS, KEIANE	6104 RAINHOLLW CT.	TEMPLE TERRACE FL 33617
3000003385793--6 -09/07/00--01084--001 *****900.00 *****900.00			

8. Name and Address of Current Registered Agent

AUDLEY, EVANS
6104 RAINHOLLW COAT
TEMPLE TERRACE FL 33617

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date 9/5/2000

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., 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

Date

9/5/2000 813-505-7657

Daytime Phone #

CR2E040 (8/99)