

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 APR -6 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P950000 97482 Int'l

1. Corporation Name

Caribbean Holdings International Corp

2. Principal Office Address

1510 SHAKER CR

Suite, Apt. #, etc.

3. Mailing Office Address

1510 SHAKER CR

Suite, Apt. #, etc.

City & State

W. Palm Bch, FL

City & State

W. Palm Bch, FL

Zip

33414

Country

Zip

33414

Country

REINSTATEMENT 97-00

4. Date Incorporated or Qualified
To Do Business in Florida

1986

5. FEI Number 65-0669940

Applied For

P950000-97482

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

MARY F. DUNCAN

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

1510 SHAKER CR

Suite, Apt. #, Etc.

200003213582-2

-04/18/00-01117-005

***1208.75 ***1208.75

City

W. Palm Beach

State

FL

Zip Code

33414

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

Mary F. Duncan

REGISTERED AGENT MUST SIGN

Date 4/5/00

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-D	Clinton Greyling	153 St. John's Rd	Tunkbridge Wells TN4-907
		Kent	United Kingdom
S	MARY F. DUNCAN	1510 SHAKER CR	W. Palm Bch, FL 33414

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 taxes 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 provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

MARY F. DUNCAN Mary F. Duncan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/5/00

Daytime Phone #

561-793-3279