

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED

99 NOV 22 PM 5:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 996000019246

1. Corporation Name

NQVATEK CARIBBEAN, INC.

Principal Place of Business

Mailing Address

4616 SUBURBAN PINES DRIVE
LAKE WORTH, FL. 33463-5212

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

JUNE 1996

5. FEI Number

65-0678952

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

See 7th Edition of Instructions for a Complete List of Statuses

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRES DIR	FRANK J. COONEY SR.	4616 SUBURBAN PINES DR	LAKE WORTH, FL. 33463
SEC DIR	BRIGITTE U. COONEY	4616 SUBURBAN PINES DR.	LAKE WORTH, FL. 33463
			400003063604--3 -12/07/99--01097--004 ****750.00 ****750.00
			REINSTATEMENT 99
			TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

FRANK J. COONEY

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

4616 SUBURBAN PINES DRIVE

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33463

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

Frank J. Cooney

REGISTERED AGENT MUST SIGN

Date 11/14/99

11. This corporation owes 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:

Frank J. Cooney
FRANK J. COONEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/99 561-9634748
Date Daytime Phone

CR2061 (12-98)