

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DOCUMENT # P96000023459

1. Corporation Name Indo-Caribbean Services, Inc.

Mailing Address Principal Place of Business 4360 Northlake Blvd., Suite 205 PBG, FL 33410

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

2. New Mailing Address, If Applicable 4360 Northlake Blvd. 3. New Principal Office Address, If Applicable

Suite, Apt. #, etc. Suite 205

City & State PBG, FL

Zip 33410 Country

FILED 97 OCT 31 AM 10:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA

REINSTATEMENT 97 11/3

DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified To Do Business in Florida March 11, 1996 5. FEI Number 65-0649249 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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: P Amy PERKINS 4360 Northlake Blvd., #205 PBG, FL 33410

000002349610--2 -11/17/97--01154--011 \*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

Martin E. Washofsky, E.A., P.A. 4360 Northlake Blvd. Suite 201 PBG, FL 33410

9. Name and Address of New Registered Agent

Name same 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 [Signature] Date 10/29/97 REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [ ] (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [XX] (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: Amy Perkins SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 10/28/97 Daytime Phone #

CP25040 (6-94)