

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**  
**Dec 18, 2000 8:00 A.M.**  
**Secretary of State**

DOCUMENT # **P97000000841**

1. Corporation Name

**NORTH CARIBBEAN ADVENTURES, INC.**

Principal Place of Business

**3500 CLEVELAND STREET  
HOLLYWOOD FL 33021**

Mailing Address

**3500 CLEVELAND STREET  
HOLLYWOOD FL 33021**

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

**12/30/1996**

5. FEI Number

**65-0719645**

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)

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
D	CHATTERSON, RALPH	3500 CLEVELAND STREET	HOLLYWOOD FL 33021
D	BERRY, RICK	3500 CLEVELAND STREET	HOLLYWOOD FL 33021
D	DONATO, RICHARD T	7700 DAVIE RD. EXTENSION	HOLLYWOOD FL 33024

**3000003521663--6**  
**-01/03/01--01034--022**  
**\*\*\*1058.75 \*\*\*1058.75**

8. Name and Address of Current Registered Agent

**CHATTERSON, RALPH  
3500 CLEVELAND ST.  
HOLLYWOOD FL 33021**

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State <b>FL</b> 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 REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **Dec 13 / 00**

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**CHATTERSON, RALPH**  
**President**  
Date **12/13/00**  
Daytime Phone # **954-989-6234**