

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

98 NOV -4 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000008292**

1. Corporation Name

CARIBBEAN DEVELOPMENT CORP.

Principal Place of Business

**565 E. HILLSBORO BLVD
DEERFIELD BCH, FL 33441**

Mailing Address

**565 E. HILLSBORO BLVD
DEERFIELD BCH, FL 33441**

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

4. Date Incorporated or Qualified To Do Business in Florida

1/28/97

5. FEI Number

65-0744859

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	MASI, Edward V.	565 E. HILLSBORO BLVD	DEERFIELD BCH, FL 33441
S/T	MASI, Betty M.	565 E. HILLSBORO BLVD	DEERFIELD BCH, FL 33441

REINSTATEMENT

97 B 11/6/98

8. Name and Address of Current Registered Agent

**MASI, Betty M.
565 E. HILLSBORO BLVD
DEERFIELD BCH, FL 33441**

9. Name and Address of New Registered Agent

Name

******750.00 ****750.00**

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

Betty M Masi

REGISTERED AGENT MUST SIGN

Date **11/2/98**

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:

Betty M Masi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betty Masi / V.P. SECRETARY / TREASURER

Date **11/2/98**

Daytime Phone # **904.421.4200**

CR2E040 (1/98)