


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000084660 1. Entity Name KARIBU ENTERPRISES INC.					
Principal Place of Business 901 BIG TREE RD SOUTH DAYTONA, FL 32119			Mailing Address 901 BIG TREE RD SOUTH DAYTONA, FL 32119		
2. Principal Place of Business - No P.O. Box # 5575 S. Semoran Blvd Suite, Apt. #, etc. # 46		3. Mailing Address 5575 S. Semoran Blvd Suite, Apt. #, etc. # 46			
City & State Orlando, Fl. Zip 32822		City & State Orlando, Fl. Zip 32822		4. FEI Number 59-3471333	
Country us		Country us		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMIN, DHANESHKUMAR 901 BIG TREE RD SOUTH DAYTONA, FL 32119				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5575 S. Semoran Blvd # 46 City Orlando	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				Zip Code FL 32822	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMIN, DHANESHKUMAR 901 BIG TREE RD SOUTH DAYTONA, FL 32119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5575 S. Semoran Blvd #46 Orlando, Fl. 32822	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMIN, CHIRAG 901 BIG TREE RD SOUTH DAYTONA, FL 32119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5575 S. Semoran Blvd #46 Orlando, Fl. 32822	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>D. Amin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>5/7/07</u> <small>Daytime Phone #</small>		

FILED

07 MAY 10 AM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05032007 REIN-P CR2E098 (1/07)

4. FEI Number
59-3471333

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
5575 S. Semoran Blvd
46
City
Orlando FL Zip Code
32822

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/7/07
Daytime Phone #