

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 13 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000090345**  
1. Corporation Name  
**CARIBBEAN International Distributors Inc.**

Principal Place of Business Mailing Address  
**5557 W. OAKLAND PARK BLVD - Suite 258  
HAUDENHILL, FLA. - 33313**

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 <b>10-2-97</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0790231</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>68.75 Additional Fee required for a Certificate of Status</b>	

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
DVP Sec	Butler, Eugene	5557 W. OAKLAND PARK BLVD Suite 258 HAUDENHILL FL	HAUDENHILL FL - 33313
D/Pres Treas	Munnings, Cedric C.	90 W.E. 96th St	Miami FL - 33138
Treas Assist	Simmons, Neal	7110 N.W. 4th Ave	Boca Raton FL 33487
<b>REINSTATEMENT</b>			
<b>600002692956-6</b> <b>-11/20/98--01070--036</b> <b>*****758.75 *****758.75</b>			

8. Name and Address of Current Registered Agent <b>Eugene Butler</b> <b>5557 W. OAKLAND PARK BLVD</b> <b>Suite 258</b> <b>HAUDENHILL, FLA - 33313</b>		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	
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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 **Eugene Benjamin Butler** Date **11/12/98**  
REGISTERED AGENT MUST SIGN

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: **Eugene Benjamin Butler** Date **11/12/98**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2040 (1/98)