

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 24 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000103160

1. Corporation Name

CARAVANSERAI INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

1187 TALLEVAST ROAD
SARASOTA FL 34243

1187 TALLEVAST ROAD
SARASOTA FL 34243

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

11/15/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0892437

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|---|
| D | BROWN, MICHAEL E | 1187 TALLEVAST ROAD | SARASOTA FL 34243 |
| | | | 100008569051 10/24/02--01075--002 **150.00 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHAPNICK, BRUCE P
2033 MAIN ST STE 600
SARASOTA FL 34230

Name

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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.

MICHAEL E. BROWN - PRESIDENT

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02 94-358-1956
Date Daytime Phone #

CR2E040 (8/02)



October 23, 2002

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL
32399

RE: Caravanserai International Inc.
FEI # 65-0892437

Dear Division of Corporations,

This letter is in reference to Document P98000103160, Application for Reinstatement.

On January 18, 2002, we sent via US mail the completed Uniform Business Application 2002 with Check #6953 in the amount of \$150.00. This check has never been cashed.

Attached to this letter is the completed Application for Reinstatement and check #7412 in the amount of \$150.00.

I respectfully request that all penalties and late fees be waived on this account. If you have any questions, please call me at 941-358-1956.

I thank you in advance for your assistance.

Sincerely,

Michael E. Brown
President
Caravanserai International Inc..