## 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S48218

FILED Nov 21, 2005 Secretary of State

| Entity Nan                                    | 1e: CARIBBE   | AN DELIGHT RESTAURANT   | , INC.                                      |  |  |
|---|---|---|---|--|--|
| Current Principal Place of Business:          |   |   | New Principal Place                         | of Business:                                 |  |
| 236 NE 1S <sup>-</sup><br>MIAMI, FL           |   |   |   |  |  |
| Current Mailing Address:                      |   |   | New Mailing Addres                          | s:   |  |
| 236 NE 1S <sup>-</sup><br>MIAMI, FL           |   |   |   |  |  |
| FEI Number:                                   | 65-0254980  | FEI Number Applied For ( )  | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |   |   | Name and Address of                         | Name and Address of New Registered Agent:    |  |
| WHYTE, D.<br>3751 NW 1<br>CAROL CIT           |   | US  |   |  |  |
| The above in the State                        |   | submits this statement for the p  | ourpose of changing its registere           | d office or registered agent, or both,       |  |
| SIGNATUR                                      | E: CAROL W  |   |   |  |  |
|   | Electron  | ic Signature of Registered Age  | ent   | Date   |  |
|   |   | 3(2)(b), F.S., the corporation did no<br>g Trust Fund Contribution ( ). | ot receive the prior notice.                |  |  |
| OFFICERS AND DIRECTORS:                       |   |   | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PD ()<br>WHYTE, CARO<br>3751 N.W. 1971<br>CAROL CITY, F   | TH TERRACE  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | STD ()<br>WHYTE, DALE,<br>3751 N.W. 1971<br>CAROL CITY, F |   | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL WHYTE 11/21/2005 DIR