

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 22 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V20139

1. Corporation Name

Florida Caribbean Marketing

2. Principal Office Address

600 S. Andrews Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

600 S. Andrews Ave.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip 33069

Country

Broward

City & State

Pompano Beach, FL

Zip

33069 Broward

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3118356

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Edgar L. White

Street Address (P.O. Box Number is Not Acceptable)

6631 NW 61st Ave.

Suite, Apt. #, Etc.

City

Parkland, FL

State
FL

Zip Code

33067

800027895449

01/29/04--01086--025 ***000 00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Edgar L. White

REGISTERED AGENT MUST SIGN

Date 1-21-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Edgar L. White	6631 NW 61st Ave.	Parkland, FL 33067

10. 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:

Edgar L. White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-04

Date

800-436-5459

Daytime Phone #

934-545-9778

CR2E081 (10/02)



2052

January 21, 2004

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Due to noted information at the Department of State that Florida Caribbean Marketing (Doc. # V20139) and America's Marketing Group (Doc. # P99000061006) 2003 Uniform Business Reports were returned to you; therefore, all fees to reinstate would be waived. Enclosed is a check for \$300 for each report.

I did not get the ladies name that I talked with, but called back to verify information and spoke with Tyrone Scott.

Thanks for your help.

Sincerely,

A handwritten signature in cursive script that reads "Joann White".

Joann White
Bookkeeper