

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000048780

1. Corporation Name

SIBONEY CITRUS, INC.

Principal Place of Business

4780 WEST 49TH STREET #300  
HIALEAH FL 33012

Mailing Address

4780 WEST 49TH STREET #300  
HIALEAH FL 33012

FILED  
97 NOV 13 PM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1615 N. VIEW DR  
Suite, Apt. #, etc.

City & State  
Miami Beach FL

Zip Country  
33140 USA

3. New Mailing Office Address, If Applicable

1615 N. VIEW DR  
Suite, Apt. #, etc.

City & State  
Miami Beach FL

Zip Country  
33140 USA

4. Date Incorporated or Qualified  
To Do Business In Florida

06/07/1996

5. FEI Number

65-0785261

Applied For

Not Applicable

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)

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
D	CARABALLO, JOSE R	1615 N VIEW DR #1	MIAMI BEACH FL 33140

7000002848127-1  
-11/14/97-01112-009  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

ISLA, LYDIA M  
4780 WEST 49TH STREET #300  
HIALEAH FL 33012

9. Name and Address of New Registered Agent

Name  
NICOLAS CARABALLO  
Street Address (P.O. Box Number is Not Acceptable)  
1615 N VIEW DR  
Suite, Apt. #, Etc.  
#109

City State Zip Code  
Miami Beach FL 33140

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

REGISTERED AGENT MUST SIGN

Date 11/6/97

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:

Signature and Typed or Printed Name of Signing Officer or Director  
Jose R Caraballo

Date 11/6/97 Daytime Phone #