

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL -7 PM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F06322**

1. Corporation Name

KANE CARIBBEAN, INC.

2. Principal Office Address

7601 NORTH WEST

Suite, Apt. #, etc.

72 AVE.

City & State

MIAMI FL.

Zip

33166

Country

USA

3. Mailing Office Address

7601 NORTH WEST

Suite, Apt. #, etc.

72 AVE.

City & State

MIAMI FL.

Zip

33166

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

NOV. 20, 1980

5. FEI Number

66-0386477

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

WANDA TORRES

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

3040 STILLWATER DR.

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34744

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

Wanda Torres

Date JULY 2, 2004

REGISTERED AGENT MUST SIGN

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
P/D	PEDRO FELICIANO BENITEZ	PR-937 KM. 3.0	LAS PIEDRAS, PR 00771
V/D	JUAN A. MANSILLA MENDEZ	ALTURAS DE SAN BENITO CALLE 1 CASA 15-A	HUMACAO, PR 00792
T/D	LUIS M. TOLEDO TABALES	QUINTAS DE VALLE VERDE #3	JUNCOS, PR 00777
S/ST/D	JORGE L. GONZALEZ CRESPO	SECTOR FINCA BONITA BO. VALENCIANO	JUNCOS, PR 00777
SS/D	ANA MALDONADO MALDONADO	EXT. JARDINES DE HUMACAO CALLE A BLOQUE AA-4	HUMACAO, PR 00791

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:

Pedro Feliciano Benitez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEDRO FELICIANO BENITEZ

JULY 2, 2004

Date

(787)733-6112

Daytime Phone

CR2E081 (01/04)