

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# G22868

**FILED**  
**Mar 24, 2011**  
**Secretary of State**

**Entity Name:** SOUTHERN & CARIBBEAN AGENCIES, INC.

**Current Principal Place of Business:**

3611 N.W. SOUTH RIVER DR.  
MIAMI, FL 331426222

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 14-3131  
CORAL GABLES, FL 33114 US

**New Mailing Address:**

**FEI Number:** 59-2261332

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAENZ, CARLOS A.  
3611 NW SOUTH RIVER DR.  
MIAMI, FL 33142 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SAENZ, CARLOS A.

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: SAENZ, CARLOS A  
Address: P.O. BOX 14-3131  
City-St-Zip: CORAL GABLES, FL 33114

Title: VP  
Name: SAENZ, HUGH J  
Address: 3611 NW SOUTH RIVER DR.  
City-St-Zip: MIAMI, FL 33142

Title: VP  
Name: SAENZ, C. MICHAEL  
Address: 3611 NORTHWEST SOUTH RIVER DRIVE  
City-St-Zip: MIAMI, FL 33142

I hereby 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 all other like empowered.

SIGNATURE: SAENZ, CARLOS A.

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PST

03/24/2011

\_\_\_\_\_  
Date