

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 # H64586

1. Corporation Name

CARIBBEAN SHIPPING, INC.

Principal Place of Business

7335 N.W. 31ST
(P.O. BOX 52-1178)
MIAMI FL 33122-1240
US

Mailing Address

P.O. 52-1178
(P.O. BOX 52-1178)
MIAMI FL 33152-1178
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/1985

5. FEI Number

59-2556131

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
PTD	RIVERO, JUAN C. (CHAIR)	433 W. 45TH PLACE	HIALEAH FL
VD	RIVERO, JORGE H., JR.	2555 COLLINS AVE., STE. 2206	MIAMI BCH. FL
VSD	RIVERO, JOSEFINA	2555 COLLINS AVE., STE. 2406	MIAMI BCH. FL
C	RIVERO, JORGE H. S	2555 COLLINS AVE., STE. 2406	MIAMI BCH. FL

REINSTATEMENT

8. Name and Address of Current Registered Agent

RIVERO, JUAN C.
433 W 45TH PLACE
HIALEAH FL 33012

9. Name and Address of New Registered Agent

Name

500002380095-1

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

12/23/97-01025-005

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

11-21-97

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

JUAN C. RIVERO

Date

10-31-97 305-541-8700

Daytime Phone #