

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 25 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K 09856**

1. Corporation Name

CARIB OCEAN SHIPPING INC.

2. Principal Office Address

3795 NW South River Drive SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLA 3

City & State

Zip

33142

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

12-30-87

5. FEI Number

650040633

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

ISRAEL PACHECO

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

3795 NW South River Drive

Suite, Apt. #, Etc.

City

MIAMI, FLA

State
FL

Zip Code

33142

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

Pacheco

Date **11-22-07**

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	JUAN F LOPEZ	3795 NW South River Dr	MIAMI, FLA 33142
VP	ISRAEL PACHECO	3795 NW South River Dr	MIAMI, FLA 33142
Sec.	ISRAEL PACHECO	3795 NW South River Dr	MIAMI, FLA 33142

400009721214

12/30/02--01002--013 **1500.00

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:

Pacheco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-22-02

Daytime Phone #