

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR 11 PM 1:32

DOCUMENT # **L03000012816**

1. Limited Liability Company's Name

CARIBBEAN, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

1522 SAN IGNACIO AVE.

Suite, Apt. #, etc.

STE. 1

City & State

CORAL GABLES, FL

Zip

33146

Country

USA

3. Mailing Office Address

1522 SAN IGNACIO AVE.

Suite, Apt. #, etc.

STE. 1

City & State

CORAL GABLES, FL

Zip

33145

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

80-0156694

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MARY WEATHERFORD

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

1522 SAN IGNACIO AVE.

Suite, Apt. #, Etc.

STE. 1

City

CORAL GABLES

State

FL

Zip Code

33146

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Mary Weatherford

REGISTERED AGENT MUST SIGN

Date

3/7/08

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MARY WEATHERFORD	1522 SAN IGNACIO AVE.	CORAL GABLES, FL 33146

WES

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03/11/08--01004--021 **798.75

REINSTATEMENT

04-08/08

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Mary Weatherford

Date

3/7/08

Daytime Phone #

305-669-9497

Typed or printed name of signing Managing Member/Manager

Mary Weatherford