PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION ~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 14 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2002-2003 VBR

DOCUMENT # N96000005458

1. Corporation Name: Caribbean Warehouse Center Condominium Association, Inc.

2. Principal Office Address	3. Mailing Office Address
6905-21 NW 52 St.	3155 NW 82 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc. 101
City & State: Miami, FL.	City & State: Miami, FL.
Zip 33166 Country USA	Zip 33122 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 651153721 ☐ 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: The Doran Jason Group of Florida- M. Palacios

Street Address (P.O. Box Number is Not Acceptable): 3155 NW 82 Avenue

Suite, Apt. #, Etc.: 101

City: Miami State: FL Zip Code: 33122

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 _____ Date Jan. 6, 2003

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
DP	William Yidi	6942 NW 50 St.	Miami, FL. 33166
SD	Andres Yidi	6942 NW 50 St.	Miami, FL. 33166
VPD	Carlos Yidi	6942 NW 50 St.	Miami, FL. 33166
TD	Francisco Tormes	6913 NW 52 St.	Miami, FL. 33166
SD	Antonio Raluy	6921 NW 52 St.	Miami, FL. 33166

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: _____ Jan. 6, 2003 (305)470-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #