


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P00000012629</u>			
1. Corporation Name  PROBOX DEL CARIBE CORP.			
2. Principal Office Address 3871 Via Poinciana Suite, Apt. #, etc. # 501 City & State Lake Worth, FL. Zip 33467		3. Mailing Office Address  Suite, Apt. #, etc.  City & State  Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 01-31-2000			
5. FEI Number 65-1011438		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name Juan C. Devia			
Street Address (P.O. Box Number is Not Acceptable) 3871 Via Poinciana			
Suite, Apt. #, Etc. # 501			
City Lake Worth,		Zip Code FL 33467	
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 <u>Juan C. Devia</u> Date 2-20-04 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 C. Devia	3871 Via Poinciana#501	Lake Worth, Fl. 33467
V	Marilyn Ramos	3871 Via Poinciana#501	Lake Worth, Fl. 33467
D	Jose U. Gil	3871 Via Poinciana#501	Lake Worth, Fl. 33467
T	Carmen DeGil	3871 Via Poinciana#501	Lake Worth, Fl. 33467
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: <u>Juan C. Devia</u> Juan C. Devia 305-226-2248 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

FILED

14 MAR 12 PM 2:11

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

800030321198  
03/12/04--01004--002 \*\*600.00

REINSTATEMENT 01-54

CR2E081 (01/04)

tr