

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 19 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000012629

1. Corporation Name

Probox Del Caribe Corp.

800109656658
09/19/07--01040--013 **450.00

REINSTATEMENT 05-07

2. Principal Office Address - No P.O. Box #
3871 Via Ponciana

3. Mailing Office Address

Suite, Apt. #, etc.

501

Suite, Apt. #, etc.

City & State

Lake Worth, Florida

City & State

Zip
33467

Country
U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/2000

5. FEI Number

64-1011438

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
Juan C. Devia

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

3871 Via Ponciana

Suite, Apt. #, Etc.

501

City
Lake Worth

State
FL

Zip Code
33467

☒ The 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 reinstatement fee be waived.

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

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 Ponciana # 501	Lake Worth, FL 33467
V	Marilyn Ramos	3871 Via Ponciana # 501	Lake Worth, FL 33467
D	Jose U. Gil	3871 Via Ponciana # 501	Lake Worth, FL 33467
T	Carmen DeGil	3871 Via Ponciana # 501	Lake Worth, FL 33467
	<i>09/21</i>		

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 contained in Chapter 119, 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

09/13/07

Date

Daytime Phone #