PAGE COR FLORIDA DEPARTMENT OF STATE APPLICATION **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS **DOCUMENT #** 04 MAR -4 PH 2:31 I. Corporation Name Caribbean Cuisine of Miramar, Inc. SECRETAR LEECRETATEN OF STATE TALLAHASSEALLAMASSEE, FLORIDA Principal Place of Business Mailing Address 3. Date Incorporated or Qualified 3n. Date of Last Report 3/22/2000 4. FEI Number 2. Principal Place of Business 2s. Mailing Address Applied For 26 18421 Miramar Pkwy. 21 18421 Miramar Pkwy. 650992645 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Miramar FL 28 Miramar FL Added to Fees 5. This cosporation has liability for intangible tax under 5. 199.032, Planda Statutes Yes No Zip Zip Соцпіту County 24 33029 29 33029 25 Broward 30 Broward ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent \$1 Corporate Creations Network Inc. Corporate Creations Enterprises Inc. Street Address (P.O. Box Number is Not Acceptable) 941 Fourt Street, Ste. 200 21 11380 Prosperity Farms Road #221E Miami Beach, FL 33139 83 85 Zip Code 33410 City 84 FL Palm Beach Gardens 11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 507.0505, Florida Statutes.

SIGNATURE

Signance, typic or prised same of registered agent and title if applicable.

(NOTE: Registered Agent signature required whom retastating) DATE TOF OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TILE 1.1 TITLE Change Addition WILLIAMS-KHARTOON, JULIET NAME. 1.2 NAME 18421 Miramar Pkwy. Miramar, FL 33029 1.3 STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP 1.4 CITY-ST-ZZP DELETE THE 2.) TITLE 00003046 NAME 2.2 NAME 03/15/04--01033--013 \*\*300.00 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CTTY-ST-ZJP THLE DELETE ☐ Change ☐ Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP THE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CTTY-ST-ZIP 4.4 CITY-ST-ZIP TILE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-21P DELETE ma 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP CITY SY ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under carb; that I am an officer or director of the corporation or the secsives or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on attachment with an address. THARTOON, JULIET, Drector

SIGNATURE

SONATURE AND TYPED OR PRINTED NAME OF SIGNAL OFFICER ON DIRECTOR

Davisor Phone 5

PAge Vol

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: Caribbean Cuisine of Miramar, Inc.
Enclosed are the following:
1. Uniform Business Report for the company referenced above.
-2300 check payable to Florida Department of State
We never received the Uniform Business Report for the following year(s) that should have been mailed to us:  2003
Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.
By: Juent William Khartoon
Name WILLIAMS-KHARTOON, JULIET
Title: Director
Date: 22704