

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1/2/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR -5 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **900000064347**

1. Corporation Name

CARIBBEAN MARKETING RESORTS, INC.

2. Principal Office Address

6100 BLUE LAGOON DRIVE

3. Mailing Office Address

6100 BLUE LAGOON DRIVE

Suite, Apt. #, etc.

SUITE 335

Suite, Apt. #, etc.

335

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33126

Country

Zip

33126

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FET Number

65-1030139

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

SE 25. Additional fee payable for Certificate of Status

7. Name and Address of Current Registered Agent

Name

COLUSSI, ETTORE

500005419135--8

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

8357 WEST FLAGLER STREET

-05/02/02--010 1--008

Suite, Apt. #, Etc.

*****300.00 ***300.00**

City

MIAMI

State

FL

Zip Code

33144

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0305 or 617.0303, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/2/2002

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
PD	COLUSSI, ETTORE	8357 WEST FLAGLER STREET	MIAMI, FL. 33144
SD	BLANCO, RAFAEL	8357 WEST FLAGLER STREET	MIAMI, FL. 33144

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 118.07(3)(b), F.S. The information indicated on this application is true and correct, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/2002

Date

Daytime Phone #

F. M. & CO.

Public accountants
602 N.E. 167TH STREET SUITE C
NORTH MIAMI BEACH, FL. 33162

The Small Business
Accounting Co.
20 Years of Experience

Ph: (305) 944-6572
Fax: (305) 944-0575

Accounting Services
Corporation Taxes
Personal Taxes
Business Consultant

Fred Minaya
Public Accountant
Notary Public

ral

February 19, 2002

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 23214

REINSTATEMENT SECTION

Director, The Management of CARIBBEAN MARKETING RESORTS, INC.
Instructed us to prepare the corporation taxes for them and we just found
The renew of incorporation was not paid.

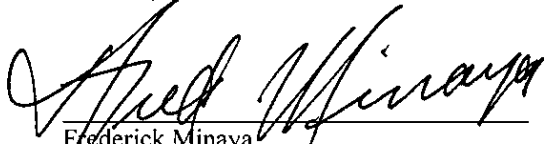
They incorporated at 8357 West flager street, Miami, FL.33144-2072 and
They never received the renew paper.

They moved to 6100 Blue Lagoon Drive, Suite 335, Miami, FL. 33126.
Could you be so kind and change their address.

They are basically a foreign corporation and they did not know about the renew
Papers and neither the fee.

We would like your department to accept this payment of \$ 300.00 for late
Filing, and please accept our apologize for any inconvenience it may cause you.
And.thank you.for your cooperation.

Sincerely yours,


Frederick Minaya,
Caribbean Marketing Resorts, Inc. Accountant