PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 DEC 27 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000077960

1. Corporation Name
Caribbean Holdings & Management, Inc.

100062628501
01/04/06--01021--005 **900.00

2. Principal Office Address	3. Mailing Office Address
14832 SW 67 lane	14832 SW 67 lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33193 Country: USA	Zip: 33193 Country: USA

REINSTATEMENT ORZEOSWOOS 04-25

4. Date Incorporated or Qualified To Do Business in Florida: 8/17/00

5. FEI Number: 651032483 ☐ 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: Luis U. Delgado

Street Address (P.O. Box Number is Not Acceptable): 14832 SW 67 lane

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33193

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: 12-22-05
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
PD	Luis U. Delgado	14832 SW 67 ln	Miami, Fl 33193
VP	Anette Delgado	14832 SW 67 ln	Miami, Fl 33193

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: _____ 12-22-05 (305)-386-6411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell DEC 28 2005