

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 19 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 0204

800039377708
07/21/04--01028--005 **50.00

800039377708
07/21/04--01028--004 **1000.00

DOCUMENT # **001000004267**

1. Corporation Name

CARIBE SERVICES CORP.

2. Principal Office Address

4351 SW 108 AVE.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33165

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 01/11/2001

5. FEI Number

65-1067706

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

YLIANA PALACIOS

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

9220 SW 34 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

330165

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

Yliana Palacios
REGISTERED AGENT MUST SIGN

Date 07/10/2004

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	YLIANA PALACIOS	9220 SW 34 ST	MIAMI FL 33165

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:

Yliana Palacios
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/10/2004

Date

786-244-7798

Daytime Phone #