APPLICATION

DO NOT WRITE IN THIS SPACE.

	FOR	Jim Smith	1			
ŘEI	NSTATEMENT	Secretary of State				
FOR	NSTATEMENT 02-03	DIVISION OF CORPORATIONS			,	
		DIVISION OF CONFORMIONS		FILED		
<	Read Instructions on Other Side Before Make Check Payable To: Depar			03 JUN 17 PM	1.1.0	
1. Name a	nd Mailing Address of Corporation: DOCUMENT	# P01000033963		in Block 1 is incorrect in any was NAME of the corporation can		
			amendmei	nt. SECHETARY OF S	TATE:	
CAR	LIBBEAN CATERING SERVICES, IN	IC.	Address	MALAYADORE FLO	RIDA	
	8 N.W. 112th Avenue		2470 N.	W. 102 Place	Unit 101	
	mi, Florida	Address	Address			
PILO	idi, Fiorida				<u> </u>	
	*	'1	City and State	i, Florida		
			Zip Code	r, Florida		
			1	172		
3. Date Inc	orporated or Qualified	4. FEI Number	· · · · · · · · · · · · · · · · · · ·		lumber Applied For	
	usiness in Florida 03-30-2001	01-05846	27	FEIN	lumber Not Applicable	
5Names	and Street Addresses of Each Officer and/or Director				السيميس يساء الإراضة حجر مصافعته	
Title	Names of Officers and/or Directors	Street Address of Each Officer and/or Director		City ar	nd State	
1	2 and/or Directors	3 (Do NOT Use Post Office Box N	umbers)	4	<u> </u>	
D	Mary Lou Rodon-Alvarez	2222 Ponce de Leon B	alvd. PH	Coral Gables,	FL 33134	
						
	<u> </u>	·				
			00	1020833 5 7301002002	/3 U **300.00	
			06/17/	D301002002	***ՀՍՄ " ՄՄ	
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	, , , , , , , , , , , , , , , , , , , ,				·	
	This corporation has liability for inte For intangible tax information call D	angible tax under section 199.0 Department of Revenue 904-48	32, Florida (8-6800.	Statutes Yes	No No	
	REGISTERED AGENT INFORMATI	ON	7. Name an	d Address of New Registered	Agent	
<u> </u>	<u> </u>	Name				
	Name and Address of Current Registered Age	gent Street Address (Do NOT Use PO	(Box Number)	<u></u>	
Mary	Lou Rodon Alvarez, Esq.	5.1537 (15.1535)		· DOX PROMISORY		
	Ponce de LEon Blvd.	Street Address (Do NOT Use P.O	. Box Number)		
	house					
WIA	l Gables, Florida 33134	City and State			Zip Code	
	\mathcal{A}			FL.	<u> </u>	
	g appointed the registered agent of the above named co	rporation, am familiar with and accept the obl	igations of sectio	n 607.0505, F.S.	11	
Signature Registere					6/12/03	
		GISTERED AGENT MUST SIGN				
reinstater	y that I am an officer or director or the receiver or trustee nent application the reason for dissolution has been elim ration have been paid. The intermation indicated on this	inated, the corporate name satisfies the requ	irements of section	on 607.0401 or 617.0401, F.S.	and that all fees owed by	
Signature Officer or		Date	Phone #	<u> </u>	1	

Mary Lou Rodon-Alvarez

10. Should you desire a certificate of status check the box.

Typed or printed name of signing officer or director.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

APPLICATION FOR

FLORIDA DEPARTMENT OF STATE

DO NOT WRITE IN THIS SPACE.

• REI	NSTATEMENT	Jim Smitr	· I						
FOR		Secretary of S							
	• • • • • • • • • • • • • • • • • • •	DIVISION OF CORPO	HAHUNS						
_	Head Instructions on Other Side Before I		•		. !				
1. Name s	and Mailing Address of Corporation: DOCUMENT #	SERVICE AND ADDRESS OF THE PROPERTY OF THE PERSON OF THE P	i3	If Address in below. The I amendment	NAME of the corpora	in any way, enter the correct address tion can be changed only by filing a			
CARIBBEAN CATERING SERVICES, INC.					Address				
· · · ·			ĺ	2470 N.W. 102 Place Unit 101					
2718 N.W. 112th Avenue Miami, Florida				Address					
-	•		۱ .	City and State					
			•	Miami Zip Code	, Florida_				
		•		331	72				
-	corporated or Qualified 3usiness in Florida 03–30–2001	4. FEI Number	01-05846		(FEI Number Applied For FEI Number Not Applicable			
5. Names	and Street Addresses of Each Officer and/or Director								
Title 1	Names of Officers and/or Directors	Offic	et Address of Each cer and/or Director e Post Office Box Nu	mbers)	4	City and State			
D	Mary Lou Rodon-Alvarez	2222 Ponce	de Leon Bl	.vd. PH	Coral Gab	les, FL 33134			
.		<u> </u>							
			- , :			· .			
· · ·						•			
	This corporation has liability for intar For intangible tax information call De	ngible tax under epartment of Rev	section 199.03 enue 904-488	2, Florida S -6800.	tatutes.	Yes No			
	wheat his is the constant traffic and their walls	ALATANICA DALSA			Address of New Reg	stered Agent			
	REGISTERED AGENT INFORMATIO 6. Name and Address of Current Registered Age		Name						
	Mary-Lou-Rodon Alvarez, Esq. 2222 Ponce de LEon Blvd.			_ Street Address (Do NOT Use P.O. Box Number)					
Pent	thouse		Street Address (D	o NOT Use P.O.	Box Number)				
Cora	al Gables, Florida 33134	i	City and State			Zip Code			
8. I, bein	g appointed the registered agent of the above named corp	oration, am familiar with	and accept the oblig	ations of section	607.0505, F.S.	1 100			
Signature Registere	ed Agent				· .	Date 6/12/03			
reinstater	ly that I am an officer or director or the receiver or trustee a ment application the reason for dissolution has been eliminoration have been paid. The important on indicated on this at	ated, the corporate nam	his application as pro-	ements of section	n 607.0401 or 617.04	01. F.S.: and that all fees owed by			
Signature		Date	12/03		7305) 471-				
Typed or	printed name of signing officer or director Mary IX	Du Ro don-Alva	rez		4				
10. Shou	ald you desire a certificate of status check the box.	· · · · · · · · · · · · · · · · · · ·				\$8.75 Additional Fee			

CERTIFICATE OF STATUS DESIRED

SCHREIBER RODÖN-ALVAREZ, P.A.

2222 PONCE DE LEON BLVD. PENTHOUSE SUITE CORAL GABLES, FLORIDA 33134-5039 TELEPHONE 305-445-8881 FACSIMILE 305-445-6761

Email mrodon@sralaw.com

MARY LOU RODON-ALVAREZ

June 13, 2003

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Ref.

Caribbean Catering Services, Inc.

Document #P01000033963

Our File No.: 1599

Dear Sir or Madam:

We did not receive the annual reports for 2002 nor 2003 at the address listed in the articles of incorporation. The registered agent did not receive the reports either.

Please note that our corporate address is:

Street:

2470 N.W. 102 Place, Unit 101

Miami, Florida 33172

Mailing Address:

P.O. Box 226885

Miami, Florida 33122-6885

Please send us all future annual report to our mailing address.

As per your instructions, enclosed please find a reinstatement application together with the check for \$300.00.

Should you have any questions, please contact our office.

Sincerely,

SCHREIBER RODON

 \mathbf{N}

Wary Lou Rodon Alvarez

MR*A***/l**l

Encl.

Cc: Caribbean Catering Services, Inc.