

FILED

03 APR 29 AM 10:18

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000037424

1. Corporation Name
BOCARIBE, INC.

2. Principal Office Address
310 E. 53 Street

3. Mailing Office Address
310 E. 53 Street

Suite, Apt. #, etc.

City & State
HIALEAH, FL

Zip Country
33013 USA

900017280979
04/29/03--01033--023 **\$300.00

4. Date Incorporated or Qualified To Do Business in Florida **04-12-01**

5. FEI Number **65-1095867**

6. CERTIFICATE OF STATUS DESIRED ☐ \$5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **ALFONSO PUERTA**

Street Address (P.O. Box Number is Not Acceptable) **310 E. 53 Street**

Suite, Apt. #, Etc.

City **HIALEAH**

State **FL** Zip Code **33013**

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 _____

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
PTD	SAUL PUERTA	310 E. 53 Street	HIALEAH, FL 33013
SVD	ALFONSO PUERTA	310 E. 53 Street	HIALEAH, FL 33013

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. If, after certifying that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 617.0401 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)(b), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____

Date _____ Daytime Phone # _____

21 4/30

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P 01000037424

1. Entity Name

Bocaribe, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

310 E 53 St.

Suite, Apt. #, etc.

3. Mailing Address

310 E 53 St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hiialeah, FL

Zip

33013

Country

USA

City & State

Hiialeah, FL

Zip

33013

Country

USA

4. FEI Number

05-1095867

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Alfonso Puerta

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

310 E 53 St

City

Hiialeah

FL

Zip Code

33013

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
Saul Puerta
310 E 53 St.
Hiialeah, FL 33013

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SUD
Alfonso Puerta
310 E 53 St
Hiialeah, FL 33013

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

12. I 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034B (1/00)

87 4/20

LUIS ALVAREZ
CERTIFIED PUBLIC ACCOUNTANT

1300 S.W. 67th AVENUE, MIAMI, FLORIDA 33144-5535
TEL: (305) 262-8906 FAX: (305) 262-8951

April 17, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

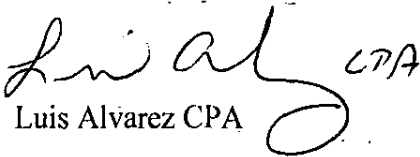
REF: Bocaribe, Inc.
Document # P01000037424
EIN# 65-1095867

To Whom It May Concern:

I am writing this letter due to the fact that my client did not receive his 2002 or 2003 annual report for the company referenced above. Please note according to my client his previous accountant never informed him that they had to file the annual report and also the registered agent, who was the person that received most of the correspondence, is no longer a part of the corporation since the end of 2001 and the address had changed. Therefore attached please find check # 284 for \$ 300.00 and a corporation reinstatement.

I regret any inconvenience this may have cause and hereby respectfully request that you please understand the above-mentioned circumstances and hereby grant them to keep the name of the corporation active. I thank you in advance for your time and support in this matter. If any further information is needed please feel free to contact me at the above referenced phone number.

Sincerely,

 CPA
Luis Alvarez CPA