

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 09 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000041879

1. Corporation Name

CARIBBEAN HOTEL SUPPLIES, INC.

HR

2. Principal Office Address

8366 NW 144th Terrace

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

Zip
33016

Country

Dade-County

3. Mailing Office Address

8366 NW 144th Terrace

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

Zip
33016

Country

Dade-County

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1103693

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

Rodolfo J Suarez

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

10200 NW 25th St

Suite, Apt. #, Etc.

#207

City

Miami

State
FL

Zip Code

33172

900027911109

01/30/04--01006--013 **300.00

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

Rodolfo J Suarez

REGISTERED AGENT MUST SIGN

Date 01/06/04

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 |
|--------|--------------------------------------|---|-----------------------|
| DP | Luis J Hazim | 8366 NW 144th Terrace | Miami Lakes, FL 33016 |
| DT | Rafaela Hazim | 8366 NW 144th Terrace | Miami Lakes, FL 33016 |
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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)(f), 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:

Rodolfo J Suarez

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/04

Date

Daytime Phone #

CR2E081 (10/02)

20827

CARIBBEAN HOTEL SUPPLIES, INC.

8366 nw 144TH Terrace
Miami Lakes, Florida 33016

January 6, 2004

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

We are sending our 2002 and 2003 Uniform Business Report Late, because we moved from our previous address and we never received your notification to be able to file it on time.

Please wave your late payment penalty fees this time, since our payment has been unintentionally late.

Thank you for your cooperation in this matter.

Best regards,



Luis J. Hazzam
President

Cc: File