PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 02-03

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN -2 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000060144

1. Corporation Name

THE CARIBBEAN AROMATHERAPY COMPANY, INC.

100020545661
06/05/03--01071--017 **300.00

2. Principal Office Address	3. Mailing Office Address
3551 NE 169ST # 206	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. MIAMI FL	City & State
Zip: 33160 / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 65-1113485 ☐ 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: VAZQUEZ, CLAUDIO

Street Address (P.O. Box Number is Not Acceptable): 2821 NE 163 ST #5M

Suite, Apt. #, Etc.: NOTH MIAMI FL 33160

City: NORTH MIAMI | State: FL | Zip Code: 33160

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
DPCL	VAZQUEZ, CLAUDIO	2821 NE 163 ST #5M	NORTH MIAMI FL 33160
DV	REINA M. CRUIZ VAZQUEZ	3551 NE 169ST #206	NORTH MIAMI FL 33160

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JR 6/2

Attachment

Brito & Brito Accounting
407 Lincoln Road, Suite 500
Miami Beach, Fl 33139
Corporate Accounting and Business Development
Tel: (305) 534-9292/ Fax: (305) 534-7534
May 28, 2003

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

The Caribbean Aromatherapy company, Inc.
2821 NE 163rd ST # 5M
North Miami FL 33160

Please accept my payment I never received Annual Return.

DOCUMENT # PO1000060144

THANK IN ADVANCE

George Brito

Brito and Brito Accounting