

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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 # 02-03 001000060144

1. Corporation Name

THE CARIBBEAN AROMATHERAPY COMPANY, INC.

2. Principal Office Address

3551 NE 169ST # 206

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

N. MIAMI FL

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 Certificate of Status

100020545661

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

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.

NORTH 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 607.0503 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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
DPO	VAZQUEZ, CLAUDIO	2821 NE 163 ST #5M	NORTH MIAMI FL 33160
DV	REINAZM. CRUIZ VAZQUEZ	33551 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 taxes 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 #

2/6/2

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

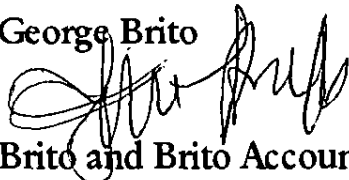
The Caribbean Aromatherapy company, Inc.
2821 NE 163rd ST # 5M
North Miami FL 33160

Please accept my payment I never received Annual Return.

DOCUMENT # PO1000060144

THANK IN ADVANCE

George Brito



Brito and Brito Accounting