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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
04 JUN -1 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000069787

1. Corporation Name: CARIBE FIVE, INC.

REINSTATEMENT 03-04 TR

2. Principal Office Address	3. Mailing Office Address
4195 SW 60 PL	4195 SW 60 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: miami, FL
Zip: 33155 Country: US	Zip: 33155 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 7/16/01

5. FEI Number: 65-1138326 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Olinda Perez

Street Address (P.O. Box Number is Not Acceptable): 4195 SW 60 Place

Suite, Apt. #, etc.:

City: miami State: FL Zip Code: 33155

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Olinda P. Date: 6/1/04
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Olinda Perez	4195 SW 60 PL	miami, FL 33155
VPD	Tomas Mes	4195 SW 60 PL	miami, FL 33155

10. I certify that I am an officer or director of 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: Olinda P. OLINDA PEREZ 6/1/04 (305)667-40 36
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations
Public Access System

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Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

CARIBE FIVE, INC.

Certificate of Status	0
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