

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC 24 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000089231

**1. Corporation Name**

CARIBE DRIVING SCHOOL

REINSTATEMENT 03

**2. Principal Office Address**

190 E. 4th AVE

Suite, Apt. #, etc.

City & State

Hialeah FL

Zip

33010

Country

US

**3. Mailing Office Address**

190 E 4th AVE

Suite, Apt. #, etc.

City & State

Hialeah FL

Zip

33010

Country

US

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/10/01

**5. FEI Number**

65-1137446

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

LUIS O. VELUNZA

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

190 E 4th AVE

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33010

**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

Luis Velunza

REGISTERED AGENT MUST SIGN

Date 12/15/03

**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
PD	VELUNZA, LUIS O	190 E. 4th AVE Hialeah FL	Hialeah FL 33010
VD	HERVIS, MARITZA	190 E 4th AVE	Hialeah FL 33010

**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:

Luis Velunza  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/2003  
Date

(305) 884-1010  
Daytime Phone #

CR2E081 (10/02)

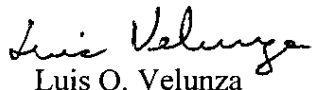
December 15, 2003

Division Of Corporations  
PO BOX 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Please be aware that the reason why I did not file my report was because I never received it. It was sent to the incorrect address. My new address is 190 E 4 Ave Hialeah Fl 33010 please forward all my mail here. Attached is the form you requested with the corrected address and a check for \$150.00. According to a Representative at your office said I did not have to pay the late fee. Please contact me if this is not correct. I apologize for the inconvenience.

Thank you,



Luis O. Velunza  
Caribe Driving School  
305.884.1011 Office  
305.389.2437 Cell.