

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 19 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 902000016907

1. Corporation Name

Caribe Construction Products Trading Company

REINSTATEMENT 03

900024844439
11/19/03--01012--007 **750.00

2. Principal Office Address

6422 Collins Avenue

3. Mailing Office Address

6422 Collins Avenue

Suite, Apt. #, etc.

Suite 1802

Suite, Apt. #, etc.

Suite 1802

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33141

Country

USA

Zip

33141

Country

USA

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

02/14/2002

5. FEI Number

02-054667

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

The Barthet Firm

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

200 S. Biscayne Blvd.

Suite, Apt. #, Etc.

Suite 1800

City

Miami

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date

11/14/03

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	Cuzan, Mayra	6422 Collins Ave	Miami Beach, FL 33141
V	Cuzan, Cesar	6422 Collins Ave	Miami Beach, FL 33141

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:

CESAR CUZAN
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/07/03
Date

786 395 1474
Daytime Phone #

CR2E081 (10/02)