

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 FEB 26 PM 4:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000054452

1. Corporation Name

CARMAFE INC.

2. Principal Office Address - No P.O. Box #

1390 BRICKELL AVENUE

Suite, Apt. #, etc.

SUITE 200

City & State

MIAMI, FLORIDA

Zip

33131

Country

USA

3. Mailing Office Address

1390 BRICKELL AVENUE

Suite, Apt. #, etc.

SUITE 200

City & State

MIAMI, FLORIDA

Zip

33131

Country

USA

*[Handwritten signature]*

REINSTATEMENT 06-08 WOP

4. Date Incorporated or Qualified  
To Do Business in Florida 5/16/2002

5. FEI Number

820545770

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

ALVARO CASTILLO

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

1390 BRICKELL AVENUE

Suite, Apt. #, Etc.

SUITE 200

City

MIAMI

State

FL

Zip Code

33131

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

2/21/08

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
D	CARLOS FERNANDEZ ROUSSELON	1390 BRICKELL AVENUE, SUITE 200	MIAMI, FL 33131
D	CARINA FERNANDEZ TAMES	1390 BRICKELL AVENUE, SUITE 200	MIAMI, FL 33131
S	ALVARO CASTILLO	1390 BRICKELL AVENUE, SUITE 200	MIAMI, FL 33131

700118851867  
02/26/08-01029-023 \*\*450.00

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 contained in Chapter 119, 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

2/21/2008

305-371-5540

Date

Daytime Phone #