

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 23 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000100525

1. Corporation Name

MAR CARIBE ENTERPRISES INC

REINSTATEMENT 03

400024259874
12/23/03--01025--022 **\$600.00

2. Principal Office Address
18388 SW 154TH STREET

Suite, Apt. #, etc.

3. Mailing Office Address
18388 SW 154TH STREET

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33187

Country
USA

Zip
33187

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 09/17/2002

5. FEI Number
56-2293254

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
IVONNE M. OTERO

Street Address (P.O. Box Number is Not Acceptable)
18388 SW 154TH STREET

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33187

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 10/21/2003

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
P/T/D	IVONNE M. OTERO	18388 SW 154TH STREET	MIAMI, FL 33187
VP/S/D	JULIO C. OTERO	18388 SW 154TH STREET	MIAMI, FL 33187

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/2003 305-383-0203

Date

Daytime Phone #

CR2E081 (10/02)