

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000109824

1. Corporation Name

CARIBBEAN SHELL & SOUVENIR CO

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

989 S.E. 11TH PLACE

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip

33310

Country

DADE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

51-0433241

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

JACQUES SALNAVE

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

7275 SW 166 STREET

Suite, Apt. #, Etc.

City

PALMETTO BAY

State

FL

Zip Code

33157

☐ 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 617.0603, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **12/15/2008** 21175 V

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
PST	ROUSSEAU, FRANTZ	21175 VIA EDEN	BOCA RATON, FL 33433
V	JEAGER, GEORGES JR	989 S.E. 11TH PLACE	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 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:

FRANTZ ROUSSEAU

12/15/2008

305-710-8859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 DEC 18 PM 5:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

500139135415
12/18/08--01031--015 **600.00
11/15/08 01020 0034750.00
REINSTATEMENT 04-08