

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02000133651**

1. Corporation Name

**CARIBE GRAPHICS, INC.**

Principal Place of Business

Mailing Address

12550 BISCAYNE BLVD STE 210  
NORTH MIAMI FL 33181

12550 BISCAYNE BLVD STE 210  
NORTH MIAMI FL 33181

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/23/2002

5. FEI Number

06-1667681

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVD	SANCHEZ, JASON	12550 BISCAYNE BLVD STE 210	NORTH MIAMI FL 33181

000024982280

11/24/03--01097--008 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RUBIO, YOLANDA  
12550 BISCAYNE BLVD STE 210  
NORTH MIAMI FL 33181

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Yolanda Rubio*

REGISTERED AGENT MUST SIGN

Date

11-10-03

11. 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:

*Jason Sanchez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-10-03

Daytime Phone #

FILED

03 NOV 24 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT 03

CR2E040 (7/03)



**CARIBE GRAPHICS**

- Large Format Printing
- Website Development
- Business Cards
- Letterhead
- Envelopes
- Presentation folders
- Flyers
- Postcards
- Brochure
- Cd-Business Cards
- CD Archiving

**CARIBE GRAPHICS, INC.**  
Jason Sanchez  
President

**FLORIDA DEPARTMENT OF STATE**  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

I, Jason Sanchez on behalf of Caribe Graphics, Inc. would like to bring to the attention of the Department of State, that Caribe Graphics never received any notice of a corporation annual report/uniform business report for the 2003 year. I would like to rectify the matter by attaching the reinstatement application for Caribe Graphics, Inc.

Please be aware that this is our first time in business and we were not aware nor did we receive a notice regarding such a report. If there are any questions or verifications of mailing address for future notices please notify me at the office number below. Thank you for your time and consideration.

Sincerely yours,

  
Jason Sanchez