

APPROVED
AND
FILED

07 DEC -3 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JD 12.5.07

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000117515

1. Corporation Name

CARIBBEAN CABINET DESIGNS, INC

2. Principal Office Address - No P.O. Box #
634 EUCLID AVE

3. Mailing Office Address
634 EUCLID AVE

Suite, Apt. #, etc.
204

Suite, Apt. #, etc.
204

City & State
MIAMI BEACH FL

City & State
MIAMI BEACH FL

Zip Country
33139 USA

Zip Country
33139 USA

REINSTATEMENT 04-07

4. Date Incorporated or Qualified
To Do Business in Florida 10-21-2003

5. FEI Number
35-2217042

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
FRANCISCO ROMERO

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

Suite, Apt. #, Etc.
204

City
MIAMI BEACH

State Zip Code
FL 33139

☐ 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

Francisco Romero
REGISTERED AGENT MUST SIGN

Date NOV. 28-2007

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	FRANCISCO ROMERO	634 EUCLID AVE # 204	MIAMI BEACH FL 33139
			200112792452 12/13/07--01079--004 **1200.0

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:

Francisco Romero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV. 28-2007

Date

786 3163065

Daytime Phone #