


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

B 1082

FILED

05 SEP 12 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **0300087220**

1. Corporation Name

CARIBE CONSTRUCTION GROUP & CONSULTANTS, INC.

2. Principal Office Address 801 BRICKELL BAY DR BOX #4 PMBC	3. Mailing Office Address 801 BRICKELL BAY DR BOX #4 PMBC
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI

City & State
MIAMI

Zip
33133

Country
US

Zip
33133

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida **08/08/2003**

5. FEI Number
87-0712789

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
JAVIER A ODIO

Street Address (P.O. Box Number is Not Acceptable)
1720 Sw 13 St.

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33145

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **08/11/2005**

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
O	JAVIER A ODIO	1720 Sw 13 St.	MIAMI FL 33145

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/9/05 **786-306666**

CR2E081 (9/01)

15282

DATE: Friday, September 09, 2005

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

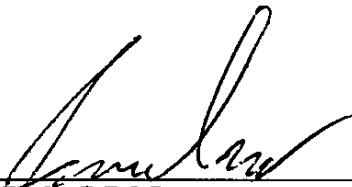
FROM: JAVIER A ODIO
CARIBE CONSTRUCTION GROUP & CONSULTANTS, INC.

**WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL
SINCE 2003.**

PLEASE FILE OUR ANNUAL REPORT AND DO NOT CHARGE THE PENALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 305-776-6748

THANKS,

X 

**JAVIER A ODIO, OWNER
CARIBE CONSTRUCTION GROUP & CONSULTANTS, INC.**