

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000024457

1. Corporation Name

Blue Caribbean Enterprises, Inc.

W07-17528

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

9500 NW 79th Ave

3. Mailing Office Address

SAME AS ABOVE.

Suite, Apt. #, etc.

23

Suite, Apt. #, etc.

City & State

Miami Gardens

City & State

Zip

33016

Country

U.S.A

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/04/2004

5. FEI Number

20-0709153

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

Juan Carlos Marquez

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

9500 NW 79th Ave

Suite, Apt. #, Etc.

23

City

Miami Gardens

State

FL

Zip Code

33016

☒ 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

J. Marquez

Date 02/04/2005

REGISTERED AGENT MUST SIGN

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
(PVDST)	Juan Carlos Marquez	9500 NW 79th Ave # 23	Miami Gardens, FL 33016

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:

J. Marquez

Juan C. Marquez

02/04/05

786-973-9608.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #