

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV -8 PH 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 804000052611

1. Corporation Name

Caro-Line Express, Inc

REINSTATEMENT

CR2E081 (12/05)

2. Principal Office Address
14935 sw 39 st

3. Mailing Office Address
14935 sw 39 st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33185

Country
USA

Zip
33185

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 10/24/06

5. FEI Number

30-0235996

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
Caroline Pinel

Street Address (P.O. Box Number is Not Acceptable)
10964 NW 43 Terr

Suite, Apt. #, Etc.

City
Miami, Florida

State
FL

Zip Code
33178

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

REGISTERED AGENT MUST SIGN

Date 10/24/06

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
P	Caroline Pinel	14935 sw 39 st	Miami, FL 33185

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Caroline Pinel

10/24/06

Date

305-450-4757

Daytime Phone #