


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> FILED 97 JAN 14 PM 3:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div> <div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg); display: inline-block;"> REINSTATEMENT </div>	
DOCUMENT # P34024					
1. Corporation Name <div style="display: flex; justify-content: space-between;"> CSCS Caribbean N.V. WA7-1094 </div>					
Principal Place of Business De Ruyterkade 62 Curacao Netherlands Antilles		Mailing Address 100 S. Biscayne Blvd. Suite 700 Miami, Florida 33131			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida May 21, 1991 5. FEI Number 65-0262199 6. <input checked="" type="checkbox"/> CERTIFICATE OF STATUS DESIRED	
900002063699--0 -01/22/97--01012--003 *****8.75 *****8.75		900002063699--0 -01/22/97--01012--003 *****175.00 *****175.00		Applied For Not Applicable \$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)					
Titles)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
MD	Alphonso Lavarello	Sal. Spinata Catelletto 25	Genova, Italy		
MD	Alberto Sacconaghi, Sr.	25, Blvd. Du Larvotto-Monaco	Milano, Italy		
MD	Giacomo Costa IV	c/o Via G. D'Annunzio 2	Genova, Italy		
MD	Filippo Guadagna	Via Cavasco 6/25	Genova, Italy		
MD	Salvatore Mottola	3700 Beachway	Cooper City, FL		
MD	Curacao Corp. Co. N.V.	P.O. Box 812 N/A	Curacao, Neth. Antilles		
8. Name and Address of Current Registered Agent CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number) Suite, Apt. #, Etc. City		
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. Signature of Registered Agent: <i>Kimberly J. Culbertson</i> REGISTERED AGENT MUST SIGN			Date: <i>1/13/96</i>		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <i>Salvatore Mottola</i>		Salvatore Mottola January 13, 1997 305 342491			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	