

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

00 JAN -7 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P34024**

1. Corporation Name

CSCS Caribbean N.V.

Principal Place of Business

Mailing Address

Netherlands
De Ruyterkade 62
Curacao
Netherlands Antilles

80 S.W. 8th Street
Miami, Florida 33130

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

80 S.W. 8th Street

4. Date Incorporated or Qualified
To Do Business in Florida

5/21/91

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

650262199

Applied For
Not Applicable

City & State

City & State
Miami, Florida

Zip

Country

Zip 33130

Country

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Alfredo Rossi	2 Via G. D'Annunzio	Genoa, Italy
D	Curacao Corp. Co. N.V.	De Ruyterkade 62	Curacao, NetherAntilles
D	Giovanni Onorato	23/18 Via Montello	I-1600 Genoa, Italy
D	Alberto Sacconaghi	25, Blvd. du Larvotto	Monaco
			300003096673-1
			-01/12/00--01093--023
			900.00 *900.00
			REINSTATEMENT 98-99

8. Name and Address of Current Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation, Florida 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date

1/7/2000

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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: X

Alberto Sacconaghi

ALBERTO SACCONAGHI

DEC 16, 1999 (317) 92 05 02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #