

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 12 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100139086591

12/17/08--01027--013 **3150.00

DOCUMENT # P36266

1. Corporation Name

Caribbean Wind Corporation

REINSTATEMENT 92-08
CR2E081 (10/08)

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

1172 South Dixie Highway

3. Mailing Office Address

2665 S. Bayshore Drive

Suite, Apt. #, etc.

#211

Suite, Apt. #, etc.

Suite 703

City & State

Miami, FL

City & State

Miami, FL

Zip

33146

Country

USA

Zip

33133

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 11/5/1991

5. FEI Number

☒ 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

Mitchell S. Polansky, Esq.

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

2665 S. Bayshore Drive, #703

Suite, Apt. #, Etc.

Suite 703

City

Miami

State

FL

Zip Code

33133

☐ 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

REGISTERED AGENT MUST SIGN

Date 12-5-08

9. Names and Street Addresses of Each Officer as to 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	Fernando Lauria Romero	1172 S. Dixie Highway, #211	Miami, FL 33146
S	Isabel Osio de Lauria	1172 S. Dixie Highway, #211	Miami, FL 33146

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:

FERNANDO LAURIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/05/08

Date

786-326-6574

Daytime Phone #