

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Sandra B. Mortham**  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

99 FEB 11 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000068432 (2)**

1. Corporation Name

**CARIBBEAN SALES & CARGO U.S.A., INC.**

Principal Place of Business

**2299 Douglas Road  
STE 302  
Miami FL 33145  
US**

Mailing Address

**1422 NW 82nd Ave  
Miami FL 33126  
US**

**REINSTATEMENT 97-99**

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

2. New Principal Office Address, If Applicable

**7550 SW 57th Ave  
Suite, Apt. #, etc.  
# 208**

3. New Mailing Office Address, If Applicable

**7550 SW 57th Ave  
Suite, Apt. #, etc.  
#208**

4. Date Incorporated or Qualified  
To Do Business in Florida  
**10/01/1993**

5. FEI Number

**65-0443790**

Applied For

Not Applicable

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

Zip  
**33143**

Country

Zip  
**33143**

Country

CERTIFICATE OF STATUS DESIRED ☐

\$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)

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	Aboy, Gabriel	7550 SW 57th Ave., STE 208	Miami, FL 33143
D	Aboy, Anna	7550 SW 57th Ave., STE 208	Miami, FL 33143

100002778171--4  
02/17/99--01057--010  
\*\*\*1050.00 \*\*\*1050.00

8. Name and Address of Current Registered Agent

**Aboy, Gabriel  
9871 SW 60th Avenue  
Miami, FL 33156**

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

**PRESIDENT**  
REGISTERED AGENT MUST SIGN

Date **10/15/98**

**2-12-99**

11. This corporation owes or has paid 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)(j), 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

**GABRIEL ABOY**

Date **10/15/98**

(305) 618-0377  
Daytime Phone #

CR2E045 (7/98)