PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
98 AUG -7 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000034416

1. Corporation Name

OMNI CARIBE, INC.

Principal Place of Business	Mailing Address
10188 NW 52 TERRACE MIAMI, FL 33178	10188 NW 52 TERRACE MIAMI, FL 33178

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

REINSTATEMENT 96-98

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business In Florida
	3505 SOUTH OCEAN DRIVE	5/06/94
Suite, Apt. #, etc.	Suite, Apt. #, etc. #1417	5. FEI Number 65-0489571 ☐ Applied For ☐ Not Applicable
City & State	City & State HOLLYWOOD, FL	6. CERTIFICATE OF STATUS DESIRED ☐ $7.75 Additional Fee required if Certificate of Status is desired
Zip / Country	Zip 33019 / Country USA	

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	HARESH CHATOMAL	10188 NW 52 TERRACE	MIAMI, FL 33178

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***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

BRIAN HERSH, ESQ.
19 W. FLAGLER STREET, #602
MIAMI, FL 33130

9. Name and Address of New Registered Agent

Name: HARESH CHATOMAL
Street Address (P.O. Box Number is Not Acceptable): 3505 SOUTH OCEAN DRIVE
Suite, Apt. #, Etc.: #1417
City: HOLLYWOOD State: FL Zip Code: 33019

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: Haresh Chatomal Date: 07/31/98
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] 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: Haresh Chatomal HARESH CHATOMAL 07/31/98 305-685-2665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #