

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 MAY -9 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P94000034416

1. Corporation Name

OMNI CARIBE, INC

2. Principal Office Address

3505 S. OCEAN DRIVE

Suite, Apt. #, etc.

#1417

City & State

HOLLYWOOD, FL

Zip

33019

Country

USA

3. Mailing Office Address

3505 S. OCEAN DR

Suite, Apt. #, etc.

#1417

City & State

HOLLYWOOD, FL

Zip

33019

Country

USA

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

05/06/99

5. FEI Number

65-0489571

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

CHATOMAL, HARESH

300003258813-4

05/13/00-01/03-06

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

3505 S. OCEAN DR,

\*\*\*900.00

\*\*\*900.00

Suite, Apt. #, Etc.

#1417

City

HOLLYWOOD

State

FL

Zip Code

33019

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

Hareesh Chatomal

REGISTERED AGENT MUST SIGN

Date

05/07/00

9. 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	City / State / Zip
P	CHATOMAL, HARESH	3505 S. OCEAN DR, #1417	Hollywood, FL 33019

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 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:

Hareesh Chatomal

HARESH CHATOMAL

05/07/00

(954)920-7650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

CR2E081 (9/99)