

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **575.00**

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

96 DEC 27 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000052126

1. Corporation Name

CARIBBEAN TOWING SALVAGE, INC.

Principal Place of Business

Mailing Address

c/o Amador & Amador, P.A.
780 N.W. LeJeune Rd., (#423)
Miami, Florida 33126

REINSTATEMENT **95-96**

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida July 14, 1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0505625	
City & State		City & State		Applied For ☐ Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED ☐ SB 73: Additional Fee (usd) 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
P/T/D	Jose B. Rodriguez-Figueira	Quinta Chiquinquira Avenida Ramon Diaz,	Puerto Cabello, Carabobo Venezuela, S.A.
VP/S/D	Jose M. Rodriguez-Ojeda	Quinta Chiquinquira Avenida Ramon Diaz	Puerto Cabello, Carabobo Venezuela, S.A.

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Rolando A. Amador, Esq.
780 N.W. LeJeune Road, Suite 423
Miami, Florida 33126

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State 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

Date **12-17-96**

REGISTERED AGENT MUST SIGN

ROLANDO A. AMADOR

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12-17-96** (305)
Daytime Phone # **641-1544**

CR25040 (12/95)