

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 DEC 26 AM 10:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000052126**

1. Corporation Name
CARIBBEAN TOWING SALVAGE, INC.

2. Principal Office Address
966 NW 168TH AVE
Suite, Apt. #, etc.

3. Mailing Office Address
SAME
Suite, Apt. #, etc.

City & State
PEMBROKE PINES FL.

City & State

Zip
33028

Country
BROWARD

Zip
Country

REINSTATEMENT 18-00

4. Date Incorporated or Qualified
To Do Business in Florida **JULY 14, 94**

5. FEI Number
65-0505625

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 **MARTI KALKAS** 300003535903 -- 0
Street Address (P.O. Box Number is Not Acceptable) **245 SE 1ST STREET SUITE 311** -01/12701--01074--001
Suite, Apt. #, Etc. ***1050.00 ***1050.00
City **MIAMI** State **FL** Zip Code **33131**

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 **Marti Kalkas**
REGISTERED AGENT MUST SIGN

Date **12/22/00**

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
PTD	JOSE B. RODRIGUEZ F.	GTA. CHIGUINGUIRA AVE. RAMON DIAZ	PTD. CABELLO - VENEZUELA
VPSD	JOSE M. RODRIGUEZ O.	GTA. CHIGUINGUIRA AVE. RAMON DIAZ	PTD. CABELLO - VENEZUELA
DIR	WILLIAM G. RODRIGUEZ O.	966 NW 168TH AVE.	PEMBROKE PINES, FLA. 33028
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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: **William Rodriguez O.** **William Rodriguez O.** 12/22/00 954-450-5647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #