

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 MAR 14 PM 3:31

DOCUMENT # **P94000052126**

1. Corporation Name

CARIBBEAN TOWING SALVAGE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 01-03
REINSTATEMENT

Principal Place of Business

968 NW 168TH AVE
PEMBROKE PINES FL 33028

Mailing Address

966 NW 168TH AVE
PEMBROKE PINES FL 33028

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/14/1994

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. 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 3	City / State / Zip 4
PTD	RODRIGUEZ F, JOSE B	QUINTA CHIQUINQUIRA AVENIDA RAMO	PTO CABELLA-VENEZUELA
VPSD	RODRIGUEZ O, JOSE M	QUINTA CHIQUINQUIRA AVENIDA RAMO	PTO CABELLA-VENEZUELA
D	RODRIGUEZ O, WILLIAM G	966 NW 168TH AVE	PEMBROKE PINES FL 33028

8. Name and Address of Current Registered Agent

KALKAS, MARTTI
245 SE 1ST STREET SUITE 311
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

WILLIAM G. RODRIGUEZ

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

966 NW 168TH AVE.

Suite, Apt. #, Etc.

PEMBROKE PINES

City

State

FL

Zip Code

33028

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

William Rodriguez

REGISTERED AGENT MUST SIGN

Date

3/7/03

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/7/03

Daytime Phone #

954-447-9019

CR2E040 (8/01)