

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sand B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 25 PM 2: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000058264**

1. Corporation Name

CARIBBEAN CONSTRUCTION CORP.

Principal Place of Business

45 ANTILLA AVE.
UNIT -1H
CORAL GABLES FL 33146

Mailing Address

45 ANTILLA AVE.
UNIT -1H
CORAL GABLES FL 33146

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

2. New Principal Office Address, If Applicable

45 ANTILLA AVE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

45 ANTILLA AVE
Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

CORAL GABLES FL

Zip

33146

Country

Zip

33146

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/08/1994

5. FEI Number

65-0511306

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

SP-2 Application Fee

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1.	2.	3.	4.
B	HERNANDEZ, EDGAR	45 ANTILLA AVE. FL 1-A	CORAL GABLES FL 33146

300002017049--5
-12/02/96--01030--010
\$\$\$375.00 \$\$\$375.00

0611-25-96

8. Name and Address of Current Registered Agent

CABRERA, RAUL D
4201 S.W. 11TH STREET
MIAMI FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

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

Raul D. Cabrera **REQUIRED**

REGISTERED AGENT MUST SIGN

Date

11/15/96

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 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:

Raul D. Cabrera **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

962496 (308) 441-1173

CRS2040 (7/95)