PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.			
APPLICATION SEE F	LORIDA DEPARTMENT OF STAT	E .	
FOR	Katherine Harris	FILED	
	Secretary of State	00 FEB - 3 AM 9: 59	
DOCUMENT # POHDOCOSCO144		SECRETABY OF STATE TRUEATIONS SEE, FLORIDA	
		IAEEATHASSEE, FLORIDA	
CARibbean Fire & Associates, INC. Principal Place of Business Mailing Address			
4650 Sw 51st Street Swite 709			
DAULE, FL. 33314 If above addresses are incorrect in any way, line through incorrect information and enter correction below.		REINSTATEMENT 9-(7)	
	New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. Suite	ite, Apt. #, etc.	11-28-17	
City & State City	y & State	4pplied For 45-0569129 Not Applicable	
	Quie FL	6. S8.75 Additional Fee required	
	331Y Country U.S.	CERTIFICATE OF STATUS DESIRED I 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) Name of Officers Street Address of Each			
Title(s) and/or Directors	Officer and/or Directo 3 (Do NOT Use Post Office Box	or City / State / Zip	
D SANTOS, SANTIAGO 4650 SW 51st Stree		eet sk.29 DAVIE/ FL/33314	
VP Josephine, Santiago 4650 Sw 51st street sterron DAvie/FL/33314		reet ste. 709 DAU: C/FL/33314	
D SANTOS, SANTIAGO Jr. 4650 SW 51st Street ste. 709 DAVIE/FL/33314		, , ,	
D Erica, SANTiAgo 4650 SW SISt Street		tract Ste 709 DAVIE (FL /33314	
		400000100004	
		<u>4000031302645</u> -02/10/0001004004	
		****900.00 ****900.00	
8. Name and Address of Current Registered Agent Name		9. Name and Address of New Registered Agent	
Street Address (P.O. Box Number is Not Acceptable)		P.O. Box Number is Not Acceptable)	
JANTOS, JANTIAND		Street Address (P.O. Box Number is Not Acceptable)	
4650 Sw SISt Street		·	
Davie, FL 33314			
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 Date Date			
11. This corporation owes the current year(See other side for information			
Intangible Personal Property Tax due June 30. Yes I No I			
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: Josen and	frank a	1-20-2000 KE	
SIGNATURE: Date Daytime Phone #			