

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **994000088669**
1. Corporation Name **CARIBE EXPORT, CORP.**

FILED

98 MAY -6 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**7166 N.W. 12 STREET
MIAMI, FL. 33172**

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

2. New Principal Office Address, If Applicable
7166 NW 12 ST.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
7166 N.W. 12 ST.
Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA
Zip
33172
Country
U.S.A.

City & State
MIAMI, FL. 33172
Zip
33172
Country
U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

12/7/94

5. FEI Number

65-0539201

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)

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/O/S	JUAN CARLOS MACIAS	11958 SW 72 TERR.	MIAMI, FL. 33183
V/O/T	JUAN CARLOS MACIAS	11958 SW 72 TERR.	MIAMI, FL. 33183

REINSTATEMENT

**90-98
150
6/6/98**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**JUAN CARLOS MACIAS
11958 SW 72 TERRACE
MIAMI, FL. 33183**

Name
JUAN CARLOS MACIAS
Street Address (P.O. Box Number is Not Acceptable)
11958 SW 72 TERR.
Suite, Apt. #, Etc.

City
MIAMI
State
FL
Zip Code
33183

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

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN CARLOS MACIAS

5/1/98

(305) 594-1919

Daytime Phone #