

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

00 JAN 11 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000006281

1. Corporation Name

CARIBBEAN GARDENS LIQUORS, INC.

Principal Place of Business

5713 HALLANDALE BEACH BLVD.
HOLLYWOOD FL 33023

Mailing Address

5713 HALLANDALE BEACH BLVD.
HOLLYWOOD FL 33023



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

01/25/1995

5. FEI Number

65-0566924

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	4 City / State / Zip
D	MATOS, JUSTO R	5713 HALLANDALE BEACH BLVD.	HOLLYWOOD FL 33023

200003089652--2
-01/14/00--01097--009
***750.00 ***150.00

8. Name and Address of Current Registered Agent

MATOS, JUSTO R
5713 HALLANDALE BEACH BLVD.
HOLLYWOOD FL 33023

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

Justo Matos

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12-19-99

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:

Justo Matos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-19-99

Date Daytime Phone #

(954) 989-7174

CR2E040 (8/99)



Caribbean Garden Discount

LIQUORS



12-30-1999

Dear Sir:

As per our conversation, I am writing explaining why I have not forwarded the payment to reinstate the corporation. New mail boxes were installed in the plaza, therefore my mail on many occasions have been placed in mail boxes other than mine. For this reason I am asking that you accept the enclosed payment and reinstate my corporation. I thank you in advance for your prompt attention in the matter.

Just to note
(954) 989-7174

Kindly forward to
mailing address below:
4120 S.W. 143RD AVE
Miami, FL 33027