

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUL 23 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9500000 6281

1. Corporation Name

Caribbean Gardens Liquors, Inc.

2. Principal Office Address

5713 Hallandale Beach Blvd.

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33023

Country

USA

3. Mailing Office Address

5713 Hallandale Beach Blvd.

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33023

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 01/25/95

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. Name and Address of Current Registered Agent

Name

Louis J. Terminello, Esq.

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

Terminello & Terminello, P.A.

Suite, Apt. #, Etc.

2700-S.W.-37th-Avenue

City

Miami,

State

FL

Zip Code

33133

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 07/20/01

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.,	Mario Molinari	5713 Hallandale Beach Blvd.	Hollywood, FL 33023
Vice-Pres.,	5713 Hallandale Beach Blvd.		
Secretary	Hollywood, FL 33023		
Treasurer			

10. 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

07/20/01

(954) 989-7174

Daytime Phone #

CR2E081 (9/00)