

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 # P95000039230

1. Corporation Name

CARRIBEAN MARINE, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, if Applicable

2629 N.W. 16th ST RD

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

2629 N.W. 16th ST RD

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FL

Zip

33125

Country

U.S.A.

Zip

33125

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 17, 1995

5. FEI Number

☒

Applied For

APPLIED FOR

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
VP/S	JOSE M. AGRA	2629 N.W. 16th ST RD	MIAMI, FLORIDA 33125
P/T	FERNANDO ALVAREZ	191 VERA COURT	CORAL GABLES, FL 33134

200002391152--0

-01706798--01069--021

***915.00 ***915.00

Handwritten signature

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

JOSE M. AGRA

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

2629 N.W. 16th ST RD

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33125

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

Handwritten signature of Jose M. Agra

REGISTERED AGENT MUST SIGN

Date

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:

Handwritten signature of Jose M. Agra

JOSE M. AGRA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 635-6945

Daytime Phone #

FILED

98 JAN -2 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 910-97

CR2E040 (12/95)

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)

CARRIBEAN MARINE, INC.

2 Trade name of business (If different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)

2629 N.W. 16th STREET ROAD

5a Business address (If different from address in lines 4a and 4b)

4b City, state, and ZIP code

MIAMI, FL 33125

5b City, state, and ZIP code

6 County and state where principal business is located

DADE, FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor SSN required (See instructions.) ►

JOSE M. AGRA SS# 262-99-2039

8a Type of entity (Check only one box.) (See instructions.)

☐ Sole proprietor (SSN) _____

☐ Estate (SSN of decedent) _____

☐ Partnership

☐ Personal service corp.

☐ Plan administrator - SSN _____

☐ REMIC

☐ Limited liability co.

☐ Other corporation (specify) ► _____

☐ State/local government

☐ National Guard

☐ Trust

☐ Farmers' cooperative

☐ Other nonprofit organization (specify) ► _____

☐ Federal Government/military

☐ Church or church-controlled organization

(enter GEN if applicable)

☒ Other (specify) ► CORPORATION

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

Foreign country

9 Reason for applying (Check only one box.)

☒ Started new business (specify) ► 05-17-95

☐ Banking purpose (specify) ► _____

☐ Changed type of organization (specify) ► _____

☐ Hired employees

☐ Purchased going business

☐ Created a pension plan (specify type) ► _____

☐ Created a trust (specify) ► _____

☐ Other (specify) ► _____

10 Date business started or acquired (Mo., day, year) (See instructions.)

MAY 17, 1995

11 Closing month of accounting year (See instructions.)

DECEMBER 31

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ► N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)

Nonagricultural

Agricultural

Household

- 0 -

- 0 -

- 0 -

14 Principal activity (See instructions.) ► REAL ESTATE RENTAL

15 Is the principal business activity manufacturing? ☐ Yes ☒ No

If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check the appropriate box.

☒ Business (wholesale)

☐ Public (retail)

☐ Other (specify) ►

☐ N/A

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different than name shown on line 1 or 2 above.

Legal name ►

Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (Mo., day, year)

City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(305) 635-6945

Fax telephone number (include area code)

(305) 633-3013

Name and title (Please type or print clearly.) ► JOSE AGRA, VICE-PRESIDENT

Signature ►

Date ►

Note: Do not write below this line. For official use only.

Please leave blank ►

Geo.

Ind.

Class

Size

Reason for applying