

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 20 PM 2:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000071520

1. Corporation Name

CARIBBEAN PACK SERVICE, CORP.

Principal Place of Business

Mailing Address

7220 NW 58TH STREET
MIAMI FL 33116
US

7220 NW 58TH STREET
MIAMI FL 33116
US



REINSTATEMENT

90

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

2. New Principal Office Address, If Applicable
8438 NW 70TH STREET

3. New Mailing Office Address, If Applicable
8438 NW 70TH STREET

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0609394

Applied For

Not Applicable

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33166

Country
US

Zip
33166

Country
US

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPT	MONTERO, JULIO R	7351 NW 58 ST.	MIAMI FL 33166
DV	MONTERO, GEORGE R	7351 NW 58 ST.	MIAMI FL 33166
S	MONTERO, IVONNE DELETE	7220 NW 58TH STREET	MIAMI FL 33116
DPT	MONTERO, JULIO R	8438 NW 70TH STREET	MIAMI FL 33166
DV	MONTERO, GEORGE R	8438 NW 70TH STREET	MIAMI FL 33166

800003455568--2
-11/07/00--01090--027
****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MONTERO, JULIO R
7351 NW 58 ST.
MIAMI FL 33166

Name

MONTERO, JULIO R

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

8438 NW 70TH STREET

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33166

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

SIGNATURE REQUIRED

Date 10/18/00

REGISTERED AGENT MUST SIGN

CR2E040 (8/00)

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.

KE

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/00 305 4639974
Date Daytime Phone #