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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 MAY -2 PM 12:46

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000079906

1. Corporation Name

CARIBBEAN EAGLE, INC.

REINSTATEMENT 04-05

2. Principal Office Address	3. Mailing Office Address
14212 SW 136 ST	14212 SW 136 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33186 Country:	Zip: 33186 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 10/13/1995

5. FEI Number: 650628561 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: PHILIPPE J M GORNAIL

Street Address (P.O. Box Number is Not Acceptable): 7721 SW 173RD ST.

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33157

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: Philippe J M Gornail Date: 04/29/2005
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GORNAIL, PHILIPPE J M	7721 SW 173RD ST.	MIAMI FL 33157
S, T	PIERRE, DENIZE	14212 SW 136 ST	Miami, FL 33186

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: Philippe J M Gornail GORNAIL, PHILIPPE J M 4/29/2005 (786)293-3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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CARIBBEAN EAGLE INC.
14212 SW 136TH STREET
MIAMI, FLORIDA 33186

CARIBBEAN EAGLE INC.
14212 S.W. 136TH STREET
MIAMI, FLORIDA 33186

DATE: Monday, May 2, 2005

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: **PHILIPPE J M GORNAIL**
CARIBBEAN EAGLE, INC.

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL.

PLEASE FILE OUR ANNUAL REPORT AND DO NOT CHARGE THE PENALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 786-293-3535.

THANKS,

x Philippe J M Gornail
PHILIPPE J M GORNAIL - President
CARIBBEAN EAGLE, INC.

H05000111383

Florida Department of State

Division of Corporations

Public Access System

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

CORPORATION REINSTATEMENT

CARIBBEAN EAGLE, INC.

Certificate of Status	0
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