

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2012 MAY 18 AM 11:02

SECRETARY OF STATE  
GALLAGHERSEE, FLORIDA

DOCUMENT # P96000048780

1. Corporation Name

SIBONEY CITRUS, INC

2. Principal Office Address - No P.O. Box #

1615 North View Drive

Suite, Apt. #, etc.  
#1

City & State

Miami Beach, Florida

Zip

33140

Country

U.S.A.

3. Mailing Office Address

1615 North View Drive

Suite, Apt. #, etc.  
#1

City & State

Miami Beach, Florida

Zip

33140

Country

U.S.A.

**REINSTATEMENT** 07-12

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

06/07/1996

5. FEI Number

65-0785261

☐ 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

Jose R. Caraballo

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

1615 North View Drive #1

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33140

300235287603  
05/18/12--01007--014 \*\*1500.00

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

*Jose R. Caraballo*  
REGISTERED AGENT MUST SIGN

Date 05/16/2012

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
PSTD	Jose R. Caraballo	1615 North View Drive #1	Miami Beach, FL 33140
		<b>REINSTATEMENT</b>	
		<b>MAY 18 2012</b>	
		<b>8. TONER</b>	

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Jose R. Caraballo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/16/2012 786-445-2762

Date

Daytime Phone #