

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 OCT 15 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000057022

1. Corporation Name

CBI CAPITAL Holdings, Inc.

Principal Place of Business

Mailing Address

REINSTATEMENT 91-98

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

2. New Principal Office Address, If Applicable c/o KINAM Hotel Suite, Apt. #, etc. 8200 NW 27 Street, Ste. 105 City & State Miami, Florida Zip 33122 Country USA		3. New Mailing Office Address, If Applicable ← SAME Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida July 2, 1996	
5. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres. and Director	Richard Buteau	c/o KINAM Hotel 8200 NW 27 ST. Ste 105	Miami FL 33122
Secretary	John Little (NOT A director)	963 NE 153 ST.	North Miami Beach FL 33162
			500002668465-9 -10/20/98--01078--005 ***300.00 ***300.00
			VB 10-16-98

8. Name and Address of Current Registered Agent

Ricardo Craig
14750 SW 158 ST.
Miami, FL 33187

9. Name and Address of New Registered Agent

Name
John Little
Street Address (P.O. Box Number is Not Acceptable)
963 NE 153 ST.
Suite, Apt. #, Etc.
City
North Miami Beach
State
FL
Zip Code
33162

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

John M. Little
REGISTERED AGENT MUST SIGN

Date 10-14-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

John M. Little, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-98
Date

305-576 0080
EXT 346
Daytime Phone #

CR2040 (1/98)