

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 14 AM 8:00

DOCUMENT # P96000063105

1. Corporation Name

CARIBBEAN MARKETING LINKAGES INC.

REINSTATEMENT 02-04

2. Principal Office Address

3232 Emathla St.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33133

Country

USA

3. Mailing Office Address

3232 Emathla St.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33133

Country

USA

800026982338

01/14/04--01074--017 **900.00

5/27/02 96503 019 X150.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650685597

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

Bruce Alexander

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

9200 South Dadeland Blvd.

Suite, Apt. #, Etc.

SUITE 612

City

Miami

State

FL

Zip Code

33156

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

Bruce Alexander

REGISTERED AGENT MUST SIGN

Date

Jan. 12, 04

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
DP	Renee Betancourt	3232 Emathla St.	Miami, FL 33133
DV	John Carpenter	3232 Emathla St.	Miami, FL 33133

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:

Renee Betancourt

RENEE BETANCOURT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 859-8804

CR2E081 (10/02)