

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000078599**

1. Corporation Name

**KARIBE PROFESSIONAL, INC.**

Principal Place of Business

Mailing Address

10801 SW 109TH COURT STE D-109  
MIAMI FL 33176

P O BOX 403322  
MIAMI FL 33140  
US

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

2. New Principal Office Address, If Applicable

**P.O. Box 403322**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI Bch, FL**

City & State

Zip

**33140**

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/23/1996**

5. FEI Number

**65-0706846**

Applied For

Not Applicable

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
PS	SANTOS, A D	P.O. BOX 403322	MIAMI BEACH FL 33140
D	SILVA, S	P O BOX 403322	MIAMI FL 33140

700024511217  
11/07/03 01064 005 \*\*150.00

8. Name and Address of Current Registered Agent

SANTOS, A D  
10801 SW 109 CT  
STE D109  
MIAMI FL 33176

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date **10/31/03**

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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

October 31, 2003

To: Whom may concern:

I Ana Santos president of KARIBE PROFESSIONAL, INC.  
never received the first and second notice of the corporation file. If  
you have any further question you can contact me 786.326.2777.

Sincerely,

  
Ana Santos