

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN 21 AM 9: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 997000008478

1. Corporation Name

CARRIBEAN PARADISE FOOD, INC.

Principal Place of Business

Mailing Address

2901 Hollywood Boulevard
Hollywood, Florida 33020

SAME

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

2. New Principal Office Address, If Applicable

SAME

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

January 28th, 1997

5. FEI Number

65-0783811

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President	DANIEL CAAMANO	448 Sunset Drive	HALLENDALE, FL 33009
			300003119683--2
			-02/01/00--01133--010
			***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

JOAQUIN G. MOLINA, ESQ.
10140 S.W. 40 Street
Miami, Florida 33165

9. Name and Address of New Registered Agent

Name

DANIEL CAAMANO

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

448 Sunset Drive

Suite, Apt. #, Etc.

City

Hallendale

State

FL

Zip Code

33009

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

REGISTERED AGENT MUST SIGN

Date JANUARY 19, 2000

11. This corporation owes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL CAAMANO

01/19/2000

Date

(305) 336-7592

Daytime Phone #