

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR 21 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA18000091042**

1. Corporation Name

Caribbean Motors Corporation

2. Principal Office Address

7 NW 2d St

Suite, Apt. #, etc.

S-207

City & State

Miami FL

Zip

33128

Country

USA

3. Mailing Office Address

7 NW 2d St

Suite, Apt. #, etc.

S-207

City & State

Miami FL

Zip

33128

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

11-12-98

5. FEI Number

65 088 1453

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

Jesse C. Jones

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

1500 San Remo Ave

Suite, Apt. #, Etc.

225

City

Coral Gables

State

FL

Zip Code

33146

400003230484-8

-05/01/00-01014-023

******900.00 ****900.00**

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

Jesse C. Jones

Date

REGISTERED AGENT MUST SIGN

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
P/D	Blandel Allen	7 NW 2d St S-207	Miami FL 33128
S/D	Jesse Jones	1500 San Remo Ave #225	Coral Gables FL 33146

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:

Jesse C. Jones

JESSE C. JONES

4-19-00

3056655758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)