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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
37 OCT 10 AM 11:20

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000051360

**1. Corporation Name**

CARIBIAN TRADING CORP.

**2. Principal Office Address**

4160 WEST 16TH AVE

Suite, Apt. #, etc.

SUITE 303

City & State

HIALEAH, FLORIDA

Zip

33012

Country

USA

**3. Mailing Office Address**

4160 WEST 16TH AVE

Suite, Apt. #, etc.

SUITE 303

City & State

HIALEAH, FLORIDA

Zip

33012

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 06/08/1999

**5. FEI Number**

65-0926759

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

ORLANDO RODRIGUEZ

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

4160 WEST 16TH AVE

Suite, Apt. #, Etc.

SUITE 303

City

HIALEAH

State

FL

Zip Code

33012

**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

*[Signature]*

Date 10-09-2007

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
PD	ORLANDO RODRIGUEZ	4160 WEST 16TH AVE - SUITE 303	HIALEAH, FL 33012

700110942437  
10/18/07-01019-016 \*\*1050.00

REINSTATEMENT

01-07 10/18/07

**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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-09-2007

Date

Daytime Phone #

CR2E081 (01/04)

*File 2012*

DIVISION OF CORPORATION  
P. O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE REINSTATEMENT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

BE ADVICE THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE SINCE THE YEAR OF 2001 FROM YOUR OFFICE TO PAY THE ANNUAL FEES FOR MY COMPANY. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER. AND IF YOU HAVE ANY FURTHER QUESTION PLEASE FEEL FREEE TO CONTACT US.

CORDIALLY YOURS,



ORLANDO RODRIGUEZ  
PRESIDENT/DIRECTOR