

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 SEP 25 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P99000052825**

**1. Corporation Name**

CARIBBEAN AUTO SALES, INC.

**REINSTATEMENT** 02-03

600023315896

09/25/03--01005--001 \*\*900.00

**2. Principal Office Address**

672 NW 112TH STREET

Suite, Apt. #, etc.

BAY-13

City & State

MIAMI FLORIDA

Zip

33168-3335

Country

MIAMI-DADE

**3. Mailing Office Address**

672 NW 112TH STREET

Suite, Apt. #, etc.

BAY-13

City & State

MIAMI FLORIDA

Zip

33168-3335

Country

MIAMI-DADE

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

06/07/1999

**5. FEI Number**

65-0932621

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

JEAN E. ELIE

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

1270 NW 179TH TERRACE

Suite, Apt. #, Etc.

N/A

City

MIAMI

State  
FL

Zip Code  
33169

**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

REGISTERED AGENT MUST SIGN

Date 08/28/2003

**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
V/P	ELDOPHE FILS-AIME	960 NE 139TH STREET	MIAMI / FL / 33161

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/28/2003

Date

Daytime Phone #

CR2E081 (10/02)

21 5125