

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 AUG -8 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

099000069672

UNDERWRAPS CARNIVAL CORP.

500007115695--9

-08/14/02--01077--001

\*\*\*\*300.00 \*\*\*\*300.00

2. Principal Office Address

1121 NW 29 ST

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33127

Country

USA

Zip

Country

REINSTATEMENT 01-02

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0963019

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

JUAN P. CABRERA

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

1121 NW 29 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33127

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 7-31-02

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
PRES	JUAN P. CABRERA	1121 NW 29 ST.	MIAMI FL 33127
V.P.	PAYMEN SHAFFA	22314 KESWICK	WEST HILLS CA 91304

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

JUAN P. CABRERA

7-16-02

Date

305 633 8584

Daytime Phone #

CR2E081 (9/01)