

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 25 PM 4:29

DOCUMENT # P99000080055

1. Corporation Name

CARIBBEAN INT'L PUBLISHING, CORP

Principal Place of Business

Mailing Address

8926 COLLINS AVE. STE. 2
SURFSIDE FL 33154

8926 COLLINS AVE. STE. 2
SURFSIDE FL 33154



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/1999

Suite, Apt. #, etc.
8045 NW 36th ST, SUITE 539

Suite, Apt. #, etc.
8045 NW 36th ST, SUITE 539

5. FEI Number

Applied For

65-0946975

Not Applicable

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33166

Country

Zip
33166

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	CORREA, OSCAR A	8926 COLLINS AVE. STE. 2 8045 NW 36th ST, SUITE 539	SURFSIDE FL 33154 MIAMI, FL 33166
D	DUGARTE, MILAGRO C	8926 COLLINS AVE. STE. 2 8045 NW 36th ST, SUITE 539	SURFSIDE FL 33154 MIAMI, FL 33166

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-11/07/00--01032--017
***150.00 ***150.00

BR 1116

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORREA, OSCAR A
8926 COLLINS AVE. STE. 2
SURFSIDE FL 33154

Name

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

8045 NW 36th ST

Suite, Apt. #, Etc.

SUITE 539

City
MIAMI

State
FL

Zip Code
33166

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

[Signature]

Date

10/16/00

REGISTERED AGENT MUST SIGN

11. 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] OSCAR CORREA

10/16/00

305-5938200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/00)

②

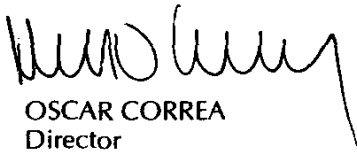


Miami, 10/16/ 00

DEPARTMENT OF STATE
Division of Corporations
Tallahassee

Dear Sirs:

We never recieved the 2000 Uniform Business Report. Please waive late fee and penalties.
Thank you.



OSCAR CORREA
Director

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