

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000085866

1. Corporation Name

CARIBBEAN MARKET AND FARM, INC.

Principal Place of Business

Mailing Address

1446 PINE HILL RD.
ORLANDO FL 32808

1446 PINE HILL RD.
ORLANDO FL 32808

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/27/1999

5. FEI Number

59-3599047

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BAUTISTA, ALEJANDRO	4248 FOREST ISLAND DR.	ORLANDO FL 32826
D	BAUTISTA, ANGELA	4248 FOREST ISLAND DR.	ORLANDO FL 32826
500004462925-6 07/06/01-01097-043 ***900.00 ***900.00			
REINSTATEMENT 00-01 TO			

8. Name and Address of Current Registered Agent

MOLINA, JULIO
8614 BRACKENWOOD DR.
ORLANDO FL 32829

9. Name and Address of New Registered Agent

Name
Alejandro Bautista
Street Address (P.O. Box Number is Not Acceptable)
1446 Pine Hills Rd.
Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32808

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

Alejandro Bautista
REGISTERED AGENT MUST SIGN

Date

5/14/01

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:

Alejandro Bautista
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-14-01

Daytime Phone #

CR2E040 (8/00)