

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 17 PM 1:33

DOCUMENT # **P99000105703**

1. Corporation Name

Caribbean Air Service, Inc.
339 N.E. 28 street
Miami FL 33137

2. Principal Office Address

339 N.E. 28 street

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33137

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

FL

Zip

11

Country

11

REINSTATEMENT

01-04 WOP

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

12-7-99

5. FEI Number

65-0857524

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

Dana Murphy

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

339 N.E. 28 street

Suite, Apt. #, Etc.

FL

City

Miami

State

FL

Zip Code

33137

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

Dana Murphy

Date **March 17, 04**

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
President	Dana Murphy	339 N.E. 28 street	Miami FL 33137
Treasurer	Dana Murphy	11	11

300030931733
03/23/04--01064--012 **608.75

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)(b), 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:

Dana Murphy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 17, 04

Date

Daytime Phone #

CR2E081 (9/01)

2022

March 17, 04

I Dana Murphy a President of
Caribbean Air Sevia, Inc. request a waiver
of any fees for reinstatement, as we never
received any mailing during years ²⁰⁰¹ 1998-2000,
~~The company closed during 1998-2000~~

Thank you

Dana Murphy
President