

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S08570**

1. Corporation Name

CARIBE EXPRESS CAFE, INC.

Principal Place of Business

8505 MILLS DR
#229
MIAMI FL 33183
US

Mailing Address

2600 DOUGLAS RD
STE 309
MIAMI FL 33134
US

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

10/25/1990

5. FEI Number

65-0223631

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	GARCIA DU-QUESNE, IGNACIO	2600 DOUGLAS ROAD, #309	CORAL GABLES FL 33134

700024565427
11/10/03--01069--017 **150.00

8. Name and Address of Current Registered Agent

ARAZOZA & COMAS, P.A.
2100 SALZEDO ST
STE 300
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ignacio Garcia Du-Quesne

Date

Daytime Phone #

10-31-03 (305)
444-8050

CR2E040 (7/03)

CARIBE EXPRESS CAFE
2600 Douglas Road, Suite 309
Coral Gables, Florida 33134
Phone: (305) 444-8050 Fax: (305) 444-2192

October 30, 2003

Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

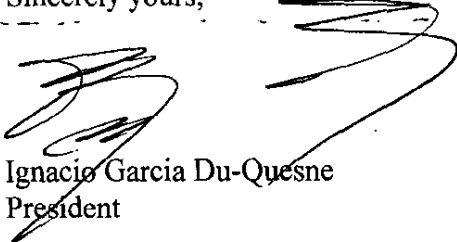
Re: Reinstatement - Caribe Express Café
FEI Number : 65-0223631

Gentlemen:

Enclose please find our check number 8099 in the amount of \$150.00 to cover reinstatement fees for the corporation. Please note that we did not receive the June 6 notice forwarded by your department.

We apologize for any inconvenience the late filing may have caused you. Thank you.

Sincerely yours,



Ignacio Garcia Du-Quesne
President