

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 587901

1. Corporation Name

CARIBBEAN FAMILY & TRAVEL SERVICES, INC.

Principal Place of Business  
114B PONCE DE LEON BLVD  
CORAL GABLES FL 33135

Mailing Address  
SAME

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

10/17/91

5. FEI Number

65-0299678

6

CERTIFICATE OF STATUS DESIRED ☐

Applied For

Not Applicable

\$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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	PRESIDENT CABANAS, JOHN HENRY	114B PONCE DE LEON BLVD	CORAL GABLES FL 33135
MGR	MANAGER CABANAS, JUDY JANE	114B PONCE DE LEON BLVD	CORAL GABLES FL 33135

B. 3/24/99  
REINSTATEMENT 98-99

8. Name and Address of Current Registered Agent

JOHN H. CABANAS  
114 B PONCE DE LEON BLVD  
CORAL GABLES FL 33135

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State Zip Code  
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0535, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

3/16/99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDY JANE CABANAS manager

Date

Date of Filing

305-445-8799  
3/04/99