

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 98 JAN -2 AM 9:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000039230

1. Corporation Name
CARRIBEAN MARINE, INC.

Principal Place of Business Mailing Address

REINSTATEMENT 90-97

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

2. New Principal Office Address, if Applicable
2629 N.W. 16th ST RD
 Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable
2629 N.W. 16th ST RD
 Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FL

Zip Country
33125 U.S.A.

Zip Country
33125 U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida
MAY 17, 1995

5. FEI Number Applied For
 Not Applicable
APPLIED FOR

6. CERTIFICATE OF STATUS DESIRED **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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VP/S	JOSE M. AGRA	2629 N.W. 16th ST RD	MIAMI, FLORIDA 33125
P/T	FERNANDO ALVAREZ	191 VERA COURT	CORAL GABLES, FL 33134

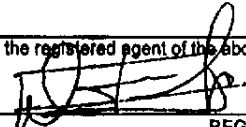
8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
JOSE M. AGRA
 Street Address (P.O. Box Number is Not Acceptable)
2629 N.W. 16th ST RD
 Suite, Apt. #, Etc.

City State Zip Code
MIAMI FL 33125

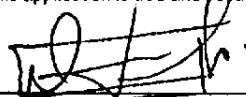
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent:  Date _____

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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. 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:  **JOSE M. AGRA** (305) 635-6945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)

Application for Employer Identification Number
 (For use by employers, corporations, partnerships, trusts, estates, churches,
 government agencies, certain individuals, and others. See instructions.)
 ▶ Keep a copy for your records.

EIN _____
 OMB No. 1545-0003

1 Name of applicant (Legal name) (See instructions.)
CARRIBEAN MARINE, INC.

2 Trade name of business (If different from name on line 1) _____ **3** Executor, trustee, "care of" name _____

4a Mailing address (street address) (room, apt., or suite no.)
2629 N.W. 16th STREET ROAD

4b City, state, and ZIP code
MIAMI, FL 33125

5a Business address (if different from address in lines 4a and 4b) _____

5b City, state, and ZIP code _____

6 County and state where principal business is located
DADE, FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustee SSN required (See instructions.) ▶
JOSE M. AGRA SS# 262-99-2039

8a Type of entity (Check only one box.) (See instructions.)

Sole proprietor (SSN) _____ Estate (SSN of decedent) _____

Partnership Personal service corp. Plan administrator - SSN _____

REMIC Limited liability co. Other corporation (specify) ▶ _____

State/local government National Guard Trust Farmers' cooperative

Other nonprofit organization (specify) ▶ _____ (enter GEN if applicable) _____

Other (specify) ▶ **CORPORATION**

8b If a corporation, name the state or foreign country (if applicable) where incorporated State Foreign country

9 Reason for applying (Check only one box.)

Started new business (specify) ▶ **05-17-95** Banking purpose (specify) ▶ _____

Hired employees Changed type of organization (specify) ▶ _____

Created a pension plan (specify type) ▶ _____ Purchased going business

Other (specify) ▶ _____ Created a trust (specify) ▶ _____

10 Date business started or acquired (Mo., day, year) (See instructions.) **MAY 17, 1995**

11 Closing month of accounting year (See instructions.) **DECEMBER 31**

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) _____ ▶ **N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)

Nonagricultural	Agricultural	Household
- 0 -	- 0 -	- 0 -

14 Principal activity (See instructions.) ▶ **REAL ESTATE RENTAL**

15 Is the principal business activity manufacturing? Yes No

If "Yes," principal product and raw material used ▶ _____

16 To whom are most of the products or services sold? Please check the appropriate box.

Public (retail) Other (specify) ▶ _____ Business (wholesale) N/A

17a Has the applicant ever applied for an identification number for this or any other business? Yes No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different than name shown on line 1 or 2 above.

Legal name ▶ _____ Trade name ▶ _____

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code) **(305) 635-6945**

Fax telephone number (include area code) **(305) 633-3013**

Name and title (Please type or print clearly.) ▶ **JOSE AGRA, VICE-PRESIDENT**

Signature ▶  Date ▶ _____

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying