

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

07 NOV 13 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000033690

1. Corporation Name

CARFOU-COM, INC

**REINSTATEMENT** 03-07

2. Principal Office Address - No P.O. Box #

6753 W. Camelia Dr

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMON, FLA

City & State

Zip

Country

Zip

Country

33023

BROWARD

4. Date Incorporated or Qualified To Do Business in Florida

11-15-07

CR2E081 (1/07)

30

5. FEI Number

65-108-8291

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

ELNA P. Michel

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

2201 NW 4th Ave

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33431

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Elna P. Michel

Date

11/6/07

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
<u>CEO</u>	<u>ELNA P. Michel</u>	<u>2201 NW 4th Ave</u>	
<u>CEO</u>	<u>ELNA P. Michel</u>	<u>Boca Raton, FL 33431</u>	

30112236713  
11/13/07--01054--012 \*\*750.00

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 contained in Chapter 119, 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:

Elna P. Michel

ELNA P. Michel

(561) 245-2317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/6/07

Daytime Phone #