PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
03 NOV -3 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000000795**

1. Corporation Name

CAROUSEL HOME REAL ESTATE CORP.

Principal Place of Business	Mailing Address
5401 COLLINS AVE., #CU-6 MIAMI BEACH FL 33140	5401 COLLINS AVE., #CU-6 MIAMI BEACH FL 33140

REINSTATEMENT 03

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
8057 NW 155 St	8057 NW 155 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Lakes	City & State: Miami Lakes
Zip: 33016 Country: Dade	Zip: 33016 Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida: 01/03/2002

5. FEI Number: 80-0008353 — [X] 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	AMADOR, YIZEL	5401 COLLINS AVE., #CU-6	MIAMI BEACH FL 33140
		000023906640 11/03/03--01108--021 **150.00	
		000023906640 10/17/03--01054--015 **600.00	

8. Name and Address of Current Registered Agent

AMADOR, YIZEL
5401 COLLINS AVE., #CU-6
MIAMI BEACH FL 33140

9. Name and Address of New Registered Agent

Name: Amador, Yizel
Street Address (P.O. Box Number is Not Acceptable): 8057 NW 155 St
Suite, Apt. #, Etc.:
City: Miami Lakes | State: FL | Zip Code: 33016

CR2E040 (7/03)

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: 10-14-03
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 Yizel Amador 10/14/03 305-818-496-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #