

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 OCT 13 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000072786

1. Corporation Name

CARRLEE'S THE STORE, INC.

Principal Place of Business

547 DEERFIELD DRIVE
MELBOURNE FL 32940

Mailing Address

547 DEERFIELD DRIVE
MELBOURNE FL 32940

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
D/P	SNIDER, CARREN	547 DEERFIELD DRIVE	MELBOURNE FL 32940
D/S/T	SNIDER, MAX E	547 DEERFIELD DRIVE	MELBOURNE FL 32940

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PARKWAY
SUITE 300
TAMPA FL 33637-2087

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

MAX E. SNIDER
7965 N. WICKHAM ROAD
SUITE 103
MELBOURNE FL 32940

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-10-03

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 REQUIRED
MAX E. SNIDER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECTY/TREAS.

10-10-03

Date

321-751-3004

Daytime Phone #

CR2E040 (7/03)

Florida Department of State
Glenda E. Hood
Secretary of State
Division Of Corporations

Reference : Carrlee's The Store Inc.

We received a notice of Administrative Dissolution or Revocation on October 9, 2003. We are not aware of having received any prior notices of the requirement for Annual Report/ Uniform Business Report filing. This is the first notice of such a requirement that we are aware of receiving. We incorporated in July of 2002, and being the first year incorporated we were not aware of the filing requirement. We do not know why we did not receive the prior notices, and cannot prove that we did not receive them, but we certainly would have responded with the proper filing had we received the notices and known of the requirement.

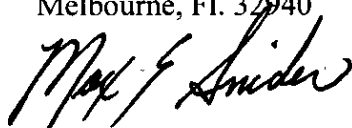
We are submitting the Application for Reinstatement and request that the reinstatement fee be waived due to our not receiving prior notices. We are enclosing the \$150.00 fee along with the reinstatement form.

We are also changing the address of the place of business and the Registered Agent.

Thank you for your consideration.

Sincerely,

Carrlee's The Store Inc.
7965 N. Wickham Road
Melbourne, Fl. 32940



Max E. Snider
Secretary / Treasurer

Attachments:
Application For Reinstatement
\$150.00 fee
\$8.75 Certificate of Status fee