PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 29 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000025128

REINSTATEMENT 03-04

1. Corporation Name

CAROASH, INC.

2. Principal Office Address
1005 NW 76 BLVD

Suite, Apt. #, etc.

City & State
GAINESVILLE FL

Zip: 32606 Country: USA

3. Mailing Office Address
1005 NW 76 BLVD

Suite, Apt. #, etc.

City & State
GAINESVILLE FL

Zip: 32606 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 03/29/1995

5. FEI Number 593310908 ☐ 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
SHARON STEVENS

Street Address (P.O. Box Number is Not Acceptable)
815 NW 23 AVE

Suite, Apt. #, Etc.

City: GAINESVILLE State: FL Zip Code: 32609

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: Sharon Stevens Date: 3/11/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
P/T/D	JUDITH S THOMPSON	112 SHALLOW BROOK DRIVE	COLUMBIA SC 29223
V/S	LOUIS W THOMPSON	112 SHALLOW BROOK DRIVE	COLUMBIA SC 29223

100031290941
03/26/04--01096--024 **300.00

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 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: Judith S Thompson Judith S Thompson 3/16/2004 803-788-2356

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

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