


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 MAY -7 PM 5:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000/04571**

1. Corporation Name  
**CARVITRONICS CORP.**

2. Principal Office Address  
**7580 NW 70 ST.**

3. Mailing Office Address  
**7580 NW 70 ST**

Suite, Apt. #, etc.

City & State  
**MIAMI FLORIDA**

City & State  
**MIAMI FLORIDA**

Zip Country  
**33166 USA**

Zip Country  
**33166 USA**

100017341011  
04/30/03--01006--017 \*\*900.00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
**65-0804122**

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  
**CARBO, JUAN**

Street Address (P.O. Box Number is Not Acceptable)  
**7580 NW 70 ST.**

Suite, Apt. #, Etc.

City  
**MIAMI**

State  
**FL**

Zip Code  
**33166**

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 \_\_\_\_\_ Date \_\_\_\_\_

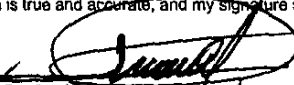
REGISTERED AGENT MUST SIGN

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
<b>P</b>	<b>CARBO, JUAN</b>	<b>7580 NW 70 ST.</b>	<b>MIAMI FLORIDA 33166</b>

REINSTATEMENT 02-03 TS !

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:  **4/23/03** **305-857-2232**

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

CF2E081 (10/02)