PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 1:02

DOCUMENT # 435261

1 Corporation Name
CARRICARTE CORPORATION

Mailing Address
~~6090 SW 40 ST~~
~~SECOND FLOOR~~
~~MIAMI FL 33155~~
7001 SW 97th Ave
Miami, FL
33173

Principal Place of Business
~~6090 SW 40 ST~~
~~SECOND FLOOR~~
~~MIAMI FL 33155~~
7001 SW 97th Ave
Miami, FL 33173

300001457479
-04/17/95--01004--004
****600.00 ****600.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable
7001 SW 97th Ave
Suite, Apt. #, etc.
City & State
Miami, FL
Zip 33173 Country USA

3. New Principal Office Address, If Applicable
7001 SW 97th Ave
Suite, Apt. #, etc.
City & State
Miami, FL
Zip 33173 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/29/1973

5. FEI Number 59-1501824 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	CARRICARTE, MICHAEL	~~6090 SW 40TH STREET~~ 7001 SW 97th Ave	MIAMI, FL 00000 Miami, FL 33173
		REINSTATEMENT 94-95	

Jm
$25.00 Overpay.

8. Name and Address of Current Registered Agent
~~CARRICARTE, ALBERT L~~
~~6090 SW 40TH STREET~~
~~MIAMI FL 33155~~
Michael Carricarte
7001 SW 97th Ave
Miami, FL 33173

9. Name and Address of New Registered Agent
Name Michael CARRICARTE
Street Address (P.O. Box Number is Not Acceptable) 7001 SW97th Ave
Suite, Apt. #, Etc.
City Miami, State FL Zip Code 33173

CR2E045 (6-94)

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.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the corporation 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., and that all fees owed by the corporation have been paid. 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: Michael Carricarte 2/21/95 305 2751400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000108 CP