

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **483449**

1. Corporation Name
CARMEN ELECTRIC, INC.

Principal Place of Business	Mailing Address
1689 W 40TH ST HIALEAH FL 33012 US	1689 W 40TH ST HIALEAH FL 33012 US

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Zip
Country	Country

4. Date Incorporated or Qualified To Do Business in Florida	08/26/1975
5. FEI Number	59-1618087
Applied For	
Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

FILED
 01 NOV -8 PM 4: 35
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



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7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ROSALES, OMAR	1689 W 40TH ST	HIALEAH FL
			500004716885--6 12/18/01--01088--009 ****758.75 ****758.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ROSALES, OMAR 13930 ALAMANDA AVE MIAMI LAKES FL 33014	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL

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: *Omar Rosales* Date: 11-5-01
 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: *Omar Rosales* Omar Rosales Date: 10-16-01 Daytime Phone #: 305-822-6665
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE000 (8/01)