PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

OLI NOV 10 PLANTA OF STATE

CORPORATION	ON
REINSTATEM	ENT



## Secretary of State

DIVISION OF CORPORATIONS

DOCL	<b>JMF</b>	TI	#	F03	000	0002	670
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1. Corporation Name

CARCO HOLDINGS, INC.

2. Principal Office Ac 502 South B		<b>3.</b> Mailing Office 502 South		n Road		
Suite, Apt. #, etc.	*	Suite, Apt. #, etc.	•	. La 14 may 12 mg 17 La		
City & State Hobe Sound, FL		City & State Hobe Soun	City & State Hobe Sound, FL			
Zip	Country	Zip		Country		

Date Incorporated or Qualified To Do Business in Florida May 29, 2003

5. FEI Number 58-2671019

Applied For Not Applicable

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent Name

33455

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street

Suite, Apt. #, Etc.

USA

Tallahassee

Zip Code 32301 .

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.

USA

Signature of Registered Agent

33455

REGISTERED AGENT MUST SIGN

Names and Street Addresses of Each Officer and/or Director (Florida

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D=	Peter L. O'Neill	502=South=Beach=Road	-Hobe Sound, FL 33455
V/S	Michael J. Giordano	17 Flowerfield Industrial Pk	St. James, NY 11780
V/T	Pamela J. Hoffman	17 Flowerfield Industrial Pk	St. James, NY 11780
		OC	10042632240
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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 alt 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Director

772-545-4010

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE

962584

AUTHORIZATION

COST LIMIT :

ORDER DATE: November 9, 2004

ORDER TIME :

10:22 AM

ORDER NO. : 962584-010

CUSTOMER NO: 4354535

CUSTOMER: Hans Polak, Esq

Mcelroy, Deutsch, Mulvaney &

Three Gateway Center 100 Mulberry Street Newark, NJ 07102

## DOMESTIC FILINGS

NAME: CARCO HOLDINGS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS