

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2015

15 MAR 31 11 08:05

DOCUMENT # F14000000863

1. Corporation Name

**Cartronics, Inc**

2. Principal Office Address - No P.O. Box #

12310 World Trade Dr

3. Mailing Office Address

Suite, Apt #, etc

108

Suite, Apt #, etc.

City & State

San Diego CA

City & State

Zip

92128

Country

San Diego

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

10/24/2003

5. FEI Number

20-0615653

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dana Sanchez

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

30842 Wooley Ct

Suite, Apt #, Etc

City

Wesley Chapel

State

FL

Zip Code

33543

000271258550  
03/31/15--01026--022 \*\*750.00

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

*Dana Sanchez*

REGISTERED AGENT MUST SIGN

Date March 25, 2015

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
CEO	Robert Harling	12310 World Trade Dr #108	San Diego, CA 92128

10. E-mail Address: kathyb@cartronics.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

*Robert Harling*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/2014

858-312-5700 x110

Date

Daytime Phone #

K. ASHTON