PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.								
APPLICATION FOR REINSTATEMENT FLORIDA DEF				NT OF STATE tham tate				
DOCUMENT # F30043 1. Corporation Name					98 DEC -4 PM 5: 48			
CARNIVAL AMUSEMENTS CORPORATION					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Pl	ace of Business	ess						
% GERTRUDE REICHGOTT 4044 NW 191 4044 N.W. 19TH ST#G311 # G-311 LAUDERHILL FL 33313 LAUDERHILL US								
If above addresses are incorrect in any way, line through incorrect 2. New Principal Office Address, if Applicable 3. New Mai			nformation and enter ong Office Address, If		4. Date Incorp	ate Incorporated or Qualified -		
5520 SW 8TH STREET Sulte, Apt. #, etc. Suite, Ap			etc9720 PINES BI	VD.	To Do Business in Florida 05/08/1981			
City & State PLANTATION FL			MBROKE PINES, FL 33024-6228		5. FEI Number Applied For Not Applicable			
Zip 3,33	Country	Zip	Country	S A	6. CERTIFICATE	OF STATUS DESIRED 🔲 S	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) Name of Officers Street Address of Each								
Title(s)	and/or Directors	Officer and/or Director (Do NOT Use Post Office Box Numbers)			City / State / Zip			
s	AMES, BARBARA	4044 N W 19TH ST G 311			LAUDERDALE, FLORIDA33313			
Р	TELLONE, JOSEPH D	4044 N W 19TH ST G 311			LAUDERDALE, FLORIDA33313			
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	REINSTATEMENT O					B12/	198	
					** *.	0000271	ncaa5	
				-12/11/9801068064 ****750.00 ****750.00				
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent			
REICHGOTT, GERTRUDE				JOSEPH D TELLONE Street Address (P.O. Box Number is Not Acceptable)				
4044 N.W. 19TH ST.,#G311 LAUDERHILL FL 33313				5520 SW 8TH STREET Suite, Apt. #, Etc.				
				City PLANTATION State Zip Code 33317				
10. I, being appointed the registered agent of the above named corporation an familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 12/2/98								
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes 🗵 No 🗌 (See other side for information on intangible tax.)								
12. 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 poid 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 AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

SIGNATURE:

954-791-2731 Daytime Phone #

12/2/98 Date