


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

04 NOV -3 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F95000000316	
1. Entity Name CARVEST, INC.	

Principal Place of Business C/O GEORGE R. FUNARO & CO., P.C. ONE PENN PLAZA, #3515 NEW YORK, NY 10119	Mailing Address C/O GEORGE R. FUNARO & CO., P.C. ONE PENN PLAZA, #3515 NEW YORK, NY 10119
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



REINSTATEMENT 10222094 002098 (6/04) *dm*

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
READ, JOHN L 8111 BAY COLONY DR., #1404 NAPLES, FL 33963		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC READ, JOHN L 8111 BAY COLONY DR., #1404 NAPLES, FL 33963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900042434909 11/03/04--01025--006 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SATLIN, SHELDON 1 PENN PLAZA, #3515 NEW YORK, NY 10119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAST, WILLIAM 1 PENN PLAZA, #3515 NEW YORK, NY 10119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Sheldon Satlin</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	OCT 25, 2004 Date	212.947.3333 Daytime Phone #
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**CARVEST, INC.**  
c/o George R. Funaro & Co., P.C.  
One Penn Plaza, Suite 3515  
New York NY 10119

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October 25, 2004

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

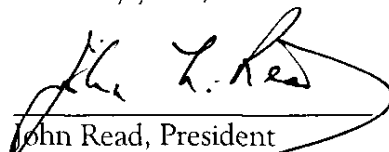
**Re: Carvest, Inc.**  
**Document #F95000000316**  
**2004 For Profit Corporation**  
**Uniform Business Report (UBR)**

Dear Sir or Madam:

The corporation did not receive the prior notice. As a result, I respectfully request that the late fee in the amount of \$400 be waived. I am submitting the original \$150.00 filing fee.

I thank you for your cooperation and understanding.

Sincerely yours,

  
John Read, President