

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F95000000316

1. Entity Name  
CARVEST, INC.



FILED

08 NOV -3 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
C/O GEORGE R. FUNARO & CO., P.C.  
ONE PENN PLAZA, #3515  
NEW YORK, NY 10119

Mailing Address  
8111 BAY COLONY DRIVE  
APT 1404  
NAPLES, FL 34108 US

2. Principal Place of Business - No P.O. Box #  
8111 BAY COLONY DRIVE

3. Mailing Address

Suite #, etc.  
APT H 1404

Suite, Apt. #, etc.

City & State  
NAPLES FL

City & State

Zip  
34108

Country  
US

Zip

Country



4. FEI Number  
13-3463993

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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 34108

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*John L. Read*

JOHN L. READ

10/27/2008

**FILE NOW!!! FEE IS \$150.00**  
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 34108 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
300137566863  
11/03/08--01041--013 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
SATLIN, SHELDON  
1 PENN PLAZA, #3515  
NEW YORK, NY 10119 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
LAST, WILLIAM  
1 PENN PLAZA, #3515  
NEW YORK, NY 10119 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
JC 11/3

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John L. Read*

JOHN L. READ

10/27/2008

Date

Daytime Phone #

8325  
239-591-8