

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 DEC -7 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H06354

1. Corporation Name

CARANA CORPORATION

Principal Place of Business

901 PONCE DE LEON BLVD.  
SUITE 304  
CORAL GABLES FL 33134

Mailing Address

901 PONCE DE LEON BLVD.  
SUITE 304  
CORAL GABLES FL 33134



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

4350 N. FAIRFAX DRIVE #500

City & State

ARLINGTON, VA

Zip

22203

Country

Suite, Apt. #, etc.

4350 N. FAIRFAX DRIVE #500

City & State

ARLINGTON, VA

Zip

22203

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/29/1984

5. FEI Number

59-2421792

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	TORRES, CARLOS JOSE	2912 BRIAN'S HILL LN	OAKTON VA 22124
<del>V</del>	<del>ESTEVE, HUMBERTO</del>	<del>8871 SW FOUR LANE</del>	<del>MIAMI FL 33182</del>
V	TUGENDHAT, EDUARDO	10176 HILLINGTON CT	VIENNA VA 22182
D	ESTEVE, Humberto	9220 SW 103RD ST	MIAMI FL 33196
<b>REINSTATEMENT</b> 98 300002709543-6 12/10/98-01098-017 ****750.00 ****750.00			

8. Name and Address of Current Registered Agent

MARTINEZ-ESTEVE, RAUL J.A.  
901 PONCE DE LEON BLVD  
SUITE 304  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/11/98

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 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.

CARLOS TORRES - PRESIDENT

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/98  
Date

703-243-1700  
Daytime Phone #