

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

1092

FILED

02 FEB 27 AM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J62117**

1. Corporation Name

**CARMAR JOINT VENTURE, INC.**

UBR

Principal Place of Business

910 MAGNOLIA AVE  
AUBURNDALE FL 33823

Mailing Address

908 MAGNOLIA AVE  
AUBURNDALE FL 33823  
US



01-02

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/05/1987

5. FEI Number

59-2783735

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VSD	MARAZZITO, JOSEPH A	315 HOWARD AVE.	LAKELAND FL

300005073953--8  
03/08/02--01075--004  
\*\*\*\*500.00 \*\*\*\*500.00

8. Name and Address of Current Registered Agent

MARAZZITO, JOSEPH A  
315 HOWARD AVE.  
LAKELAND FL 33801

9. Name and Address of New Registered Agent

Name **SAME**

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

730 HOWARD AVE.

Suite, Apt. #, Etc.

LAKELAND

FLA

33801

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

2/25/02

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., 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.

SIGNATURE:

*[Signature]* JOSEPH A MARAZZITO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/02 813-887-7104


CR2040 (8/01)

20f2

To Whom it May Concern,

Enclosed is a check in the amount of  
~~150.00~~ 150.00 for Re-Instatement due to non receipt  
of The Corporate Renewal form. As of  
Today's Date We have not received a  
renewal for 2002 Either.

Please change the address to 908 Mayolia  
Ave. Auburndale FL 33823 as the Prior  
Form may have been addressed to Our Old  
Home Address.

Sincerely,  
  
Joe Manardo