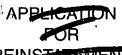
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED

02 FEB 27 AM 4: 01

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Mailing Address

CARMAR JOINT	VENTURE,	INC
Principal Place of Business		
910 MAGNOLIA AVE AUBURNDALE FL 33823		

908 MAGNOLIA AVE AUBURNDALE FL 33823 US

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. Suite, Apt. #, etc. City & State City & State

	03/05/1987		
Date Incorporated or Qualified To Do Business in Florida			
5. FEI Number	Applied For		
5 9- 2783735	Not Applicable		

p	Country	Zip	~ -	Country		6. CERTIFICAT	E OF STATUS DESIRED		5 Additional Fee re rea Certificate of St	quired atus
Names	and Street Addresses of Each Officer and	l/or Director (Flo	orida nonprof	it corporations must lis	st at leas	t 3 directors)				,
Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip					
/SD	MARAZZITO, JOSEPH A		315 HO\	WARD AVE.			LAKELAND FL			
								,		
						30	000050 03/08/0	739	9538	 3
							****500	.00	****500.00	J

marazzito, Joseph A		
315 HOWARD AVE.	- 4	-
LAKELAND FL 33801		

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent DAME treet Address (P.O. Box Number is Not Acceptable)

HAWOUL N. 338W Zip Code State

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

11. I certify that I am a position 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 unat which many 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 the requirements of section 119.07(3)(i), F.S. The information indicates the requirements of section 119.07(3)(ii), F.S. The information indicates the requirements of section 119.07(3)(ii), F.S. The information indicates the requirements of section 119.07(3)(ii), F.S. The information indicates the requirements of section 119.07(3)(iii), F.S. The information indicates the requirements of section 119.07(3)(iii), F.S. The information indicates the requirements of section 119.07(3)(iii), F.S. The information indicates the requirements of section 119.07(3)(iii). 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Enclosed is a check in the amount of.

150° for he-Instalment due to non receipt

of The Corporate Revent from. a of.

Todayor Date We have not received a

renewal for 2002 Either.

Please change the address to 908 Majustia

Give Aubundele Its 33823 as the Prior

Form may have been addressed to Over Old

Home Address.

And the second s

Sement Joe Mariacido.