

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN 20 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000021803

Name and Mailing Address

0000258 01 AV 0.278 \*\*AUTO T1 0 0615 33131-332250



CARENTO INVESTMENTS LLC  
C/O SOFIA POWELL-COSIO  
1390 BRICKELL AVE. SUITE 200  
MIAMI FL 33131-3322

MJH



1/20 2003-2004

2. New Mailing Address <b>1900 S.W. 3RD AVENUE.</b>		4. State/Country of Formation FL	
City, State, Zip <b>MIAMI FL 33129</b>		5. Date Organized or Quantified To Do Business in Florida <b>12/14/2001</b>	
Principal Place of Business C/O SOFIA POWELL-COSIO 1390 BRICKELL AVE. SUITE 200 MIAMI FL 33131	3. New Principal Place of Business Address <b>1900 S.W. 3RD AVE</b> City, State, Zip <b>MIAMI, FL 33129</b>	6. FEI Number <b>63-1159711</b> APPLIED FOR	Applied For Not Applicable
8. Name and Address of Current Registered Agent <b>SOFIA POWELL-COSIO, P.A.</b> <b>1390 BRICKELL AVE. SUITE 200</b> <b>MIAMI FL 33131</b>		9. Name and Address of New Registered Agent Name <b>SOFIA POWELL-COSIO, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1900 S.W. 3RD AVE.</b> City <b>MIAMI</b> FL <b>33129</b>	

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.	
Signature of Registered Agent	DATE
SIGNATURE REQUIRED	
REGISTERED AGENT MUST SIGN	

11. Names and Street Addresses of Each Managing Member/Manager	
--	--

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	VARELA, VANESSA	<del>1390 BRICKELL AVE. SUITE 200</del> <b>1900 S.W. 3RD AV.</b>	MIAMI FL <del>33131</del> <b>33129</b>
			Sp3065907428 03/03/03 90007 050 \$50.00
			000028319310 02/06/04--01021--008 **50.00
			<b>REINSTATEMENT 2003-2004</b> <b>w/o Penalty</b>

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager	DATE	Daytime Phone #	
Typed or printed name of signing Managing Member/Manager			

CR2E034 (7/03)

292

LAW OFFICE OF  
SOFIA POWELL-COSIO, P.A.  
1900 SOUTHWEST 3<sup>RD</sup> AVENUE  
MIAMI, FLORIDA 33129

TELEPHONE (305) 579-9988  
FACSIMILE (305) 579-9989  
Sofiapc@aol.com

January 15, 2004

Division of Corporations  
Registration Section  
P.O.Box 6327  
Tallahassee, Fl 32314-6327

Re: Carento Investments LLC  
EIN # 65-1159711

Dear Sirs:

Pursuant to a telephone conversation with one of your representatives on January 7, 2004 we were advised that Carento Investments LLC is not dissolved but inactive due to the a missing EIN number. Please be advised that the EIN number is 65-1159711.

We are enclosing for your records a photocopy of the paid check #2174 front and back issued to Florida Department of State, in the amount of \$50.00 (paid March 3, 2003). We were advised that no fees for reinstatement were charged as it is in an inactive mode, and that the only current fee is the renewal application of \$50.00. We are including check number 3764 payable to Florida Department of State in the amount of \$50.00 to pay for the 2004 renewal.

In addition we are including the Application for Reinstatement duly signed and with the EIN number. Please feel free to contact our office if you have any questions pertaining to this matter.

Sincerely,

*Sofia Powell-Cosio*

Sofia Powell-Cosio, P.A.

Enclosures.