## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

L41686 DOCUMENT #

1. Corporation Name

CARCORP, INC.

Principal Place of Business

2600 NW 55TH COURT **SUITE 234** 

FORT LAUDERDALE FL 33309

Mailing Address

2600 NW 55TH COURT

SUITE 234 FORT LAUDERDALE FL 33309

· FILED 01 NOV -5 PM 6: 25 SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below.								
New Principal Office Address, If Applicable 3. New N				ailing Office Address, If Applicable #, etc.		Date Incorporated or Qualified     To Do Business in Florida     01/08/1990		
Suite, Apt. #_etc. Suite, Apt. #						5. FEI Numbe		
City & State Cit			City & State	City & State		J. TETRUMBE	65-0169453	Applied For Not Applicable
Zip		Country	Zip		Country	6. CERTIFICATI	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonprof	it corporations must list at	least 3 directors)		
Title(s) 1	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City 4	y / State / Zip
P	DEMEO, MICHAEL J.			22459 WATERSIDE DRIVE		BOCA RATON FL		
						80	000469 -11/29/01-	186586 01059020
							****75 <u>(</u> )。(	Ñ ****750.00
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					REMSTAT			
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
DEMEO, MICHAEL J 5450 N.W. 33RD AVE., #102 FT. LAUDERDALE FL 33309					Street Address 2660 Suite, Apt. #, E	Name  MICHAEL 5. DEMBO  Street Address (P.O. Box Number is Not Acceptable)  260 NW 551 CT.  Suite, Apt. #, Etc.  SUITE 234		
					City FT. L	AUDER DA	LE	State Zip Code FL 33309
10. I, being	g appointed the	e registered agent of the a	bove named corp	oration, am f	amiliar with and accept the	obligations of Sect	on 607.0505, F.S.	

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 filling 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 of Registered Agent

Michi

10/30/01 ICHABL DEMBO