


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000002296			
1. Corporation Name <u>Carlene and Company Inc</u> <u>W05-47932</u>			
2. Principal Office Address <u>12510 E Randall Pk Dr</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>12510 E Randall Pk Dr</u> Suite, Apt. #, etc.	
City & State <u>MIAMI FL</u>		City & State <u>MIAMI FL</u>	
Zip <u>33167</u> Country <u>DADE</u>		Zip <u>33167</u> Country <u>DADE</u>	
4. Date Incorporated or Qualified To Do Business in Florida <u>5/22/1998</u>		5. FEI Number <u>400061078704</u> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$6.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name <u>Carlene Lawson</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>12510 E Randall Pk Dr</u>			
Suite, Apt. #, Etc.			
City <u>MIAMI</u>		State <u>FL</u>	Zip Code <u>33167</u>
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent <u>Carlene Lawson</u>		Date <u>10/12/05</u>	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>Pres</u>	<u>Carlene Lawson</u>	<u>12510 E RANDALL PK DR MIAMI FL 33167</u>	<u>MIAMI FL 33167</u>
<u>Secy</u>	<u>Verqia Lawson</u>	<u>1733 N.W. 112 terrace MIAMI FL</u>	<u>MIAMI FL 33167</u>
<u>Treas</u>	<u>Leon Lawson</u>	<u>1733 N.W. 112 terrace</u>	<u>MIAMI FL 33167</u>
10. 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: <u>Carlene Lawson President</u>		Date <u>10/12/05</u>	Daytime Phone # <u>305769-3412</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			