


ON  FLORIDA DEPARTMENT OF STATE
J. M. Shivers
Secretary of State
DIVISION OF CORPORATIONS
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000014124

1. Corporation Name

CARRO FAMILY HOLDINGS, INC.

BK

Principal Place of Business	Mailing Address
13001 ZAMBRANE ST CORAL GABLES FL 33156	13001 ZAMBRANE ST CORAL GABLES FL 33156

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

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2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
13003 ZAMBRANA ST		13003 ZAMBRANA ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
CORAL GABLES		CORAL GABLES	
City & State		City & State	
FL.		FL.	
Zip	Country	Zip	Country
33156	U.S.A.	33156	

4. Date Incorporated or Qualified To Do Business in Florida		02/09/2000	
5. FEI Number 65-0981459			Applied For
			Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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
PST	CARRO, RAQUEL O	13001 ZAMBRANA ST	CORAL GABLES FL 33156
		13003 ZAMBRANA ST	
		400016376574	
		12/02/03--01043--025 **1176.25	
		REINSTATEMENT 2002-2003	
		BSK	

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CORPCO, INC. 2699 S. BAYSHORE DR., 7TH FLOOR MIAMI FL 33133		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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. or 617.0505, F.S.

COPEL, INC.

Signature of Registered Agent *WILLIAM D. ROHRER* **SIGNATURE REQUIRED** *Date* *4/15/03*

William D. Rohrer, Vice President **REGISTERED AGENT MUST SIGN**

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: *Raquel O. Carro* Raquel O. Carro 4/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #