

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 APR 26 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Carefree Lifestyles Inc. #P00000058015

300005493063--8
-05/09/02--01003--006
****300.00 ****300.00

2. Principal Office Address
227 1st Street

3. Mailing Office Address
227 1st Street

Suite, Apt. #, etc.
Suite 2

Suite, Apt. #, etc.
Suite 2

City & State
Miami Beach, FL

City & State
Miami Beach, FL

Zip
33139

Country
U.S.

Zip
33139

Country
U.S.

4. Date Incorporated or Qualified
To Do Business in Florida June 8, 2000

5. FEI Number
65-1071416

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Gary Marotta

Street Address (P.O. Box Number is Not Acceptable) 227 1st Street

Suite, Apt. #, Etc.
Suite 2

City
Miami Beach

State
FL

Zip Code
33139

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

Gary Marotta

Date 4/17/02

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
P	Anthony Marotta	227 1st Street, Suite 2	Miami Beach FL 33139
S,T	Gary Marotta	227 1st Street, Suite 2	Miami Beach FL 33139

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Marotta

4/17/02

Date

305 534 3531

Daytime Phone #

CR2E081 (9/01)

75 5/6/02

THE LEBRECHT GROUP

A PROFESSIONAL LAW CORPORATION

Brian A. Lebrecht, Esq.

Craig V. Butler, Esq.

April 25, 2002

Via Federal Express

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Carefree Lifestyles, Inc., Doc. #P00000058015

Dear Sir or Madam:

Enclosed is a Corporation Reinstatement Form for Carefree Lifestyles, Inc., together with a check payable to the Department of State in the amount of \$300.00 for filing fees. The above referenced corporation is claiming exemption from the reinstatement fee due to non-receipt of the annual report by the corporation.

Please file the enclosed form, reinstate the above-listed corporation and send the annual report to the address listed in Block 3 of the Reinstatement Form. Also, please date stamp the enclosed copy of this letter and return same to this office in the self-addressed, stamped envelope provided.

If you have any questions or need additional information, please contact the undersigned. Thank you for your time and attention to this matter.

Sincerely,



Lanell L. Scheifele
Senior Legal Assistant

Enclosures (3)

22342 AVENIDA EMPRESA, SUITE 230
RANCHO SANTA MARGARITA, CA • 92688
Phone (949) 635-1240 • Fax (949) 635-1244

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