

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

16F2

APPLICATION FOR REINSTATEMENT



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

APPROVED

FILED
Jan 24, 2002 8:00 A
Secretary of State

DOCUMENT # **P00000071568**

1. Corporation Name

CARPOOL, INC.

Principal Place of Business

1825 PALM COVE BOULEVARD
 DELRAY BEACH FL 33445

Mailing Address

1825 PALM COVE BOULEVARD
 DELRAY BEACH FL 33445



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

2. New Principal Office Address, If Applicable
2749 SW 5TH STREET - 2749 SW 5TH STREET
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
2749 SW 5TH STREET
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida
07/27/2000

City & State
DELRAY BEACH, FL

City & State
DELRAY BEACH, FL

5. FEI Number
APPLIED FOR
 Applied For Not Applicable

Zip **33445** Country **USA**

Zip **33445** Country **USA**

6. CERTIFICATE OF STATUS DESIRED **\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	RUNJAIC, STEVAN	1825 PALM COVE BOULEVARD	DELRAY BEACH FL 33445
VD	RUNJAIC, MAJA	1825 PALM COVE BOULEVARD	DELRAY BEACH FL 33445

100004883431--0
 -02/06/02--01055--024
 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

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.

Signature of Registered Agent *Stevan Runjaic*
 REGISTERED AGENT MUST SIGN

Date 10/27/2001

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: *Stevan Runjaic* **RUNJAIC STEVAN** 10/27/2001 (561) 276-1407
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)

2052

FLORIDA DEPARTMENT OF STATE

I DID NOT RECEIVE THE PRIOR NOTICES,
PROBABLY BECAUSE I CHANGED MY ADDRESSES
COUPLE TIMES.

THIS WILL BE NOW MY PERMANENT ADDRESS:

2749 SW 5TH STREET

DELRAY BEACH
FLORIDA 33445.

I APOLOGY FOR THIS MISTAKE, AND I HOPE
YOU WILL ACCEPT MY REASONS.

THANK YOU
CAR POOL
STEVAN ROUNJIC