

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

02-03

FILED

03 JAN 21 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000071568

1. Corporation Name

CARPOOL-INC

2. Principal Office Address

2749 SW 5TH STREET

Suite, Apt. #, etc.

3. Mailing Office Address

2749 SW 5TH STREET

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33445

Country

PALM BEACH

Zip

33445

Country

PALM BEACH

4. Date Incorporated or Qualified  
To Do Business in Florida

07/27/2000.

5. FEI Number

65-1026890

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

SPIEGEL & UTRERA P.A.

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

-1840 Southwest 22 Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

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

Spiegel & Utrera, P.A.

Natalia Utrera, REGISTERED AGENT MUST SIGN

Date

1/20/03

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	STEVAN RUNJAIC	2749 SW 5TH STREET	DELRAY BEACH, FL, 33445
V	MAJA RUNJAIC	2749 SW 5TH STREET	DELRAY BEACH, FL, 33445

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

Stevan Runjaic

STEVAN RUNJAIC

Date

01/17/03

Daytime Phone #

01/17/03, (561)276-1407

CR2E081 (10/02)