

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 25 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000081807**

1. Corporation Name

Carlee Corporation

2. Principal Office Address

2655 Serpula Rd, Venice, FL 34293

Suite, Apt. #, etc.

City & State

Venice, FL

Zip

34293

Country

Sarasota

3. Mailing Office Address

**2655 Serpula Rd
Venice, FL 34293**

Suite, Apt. #, etc.

City & State

Venice, FL

Zip

34293

Country

Sarasota

4. Date Incorporated or Qualified
To Do Business in Florida

8-16-2000

5. FEI Number

65-1036217

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

Esther E. Hernandez

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

2655 Serpula Road

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34293

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

Esther E. Hernandez

REGISTERED AGENT MUST SIGN

Date **4-21-02**

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
Pres	Esther E. Hernandez	2655 Serpula Rd	Venice, FL 34293
Vice pres	Juan C Hernandez	2655 Serpula Rd	Venice, FL 34293

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:

Esther E. Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-02 941-408-0707

Date

Daytime Phone #