

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 JAN -9 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DOCUMENT # **PO00000102545**

1. Corporation Name

Carilink Communications Inc.

2. Principal Office Address

5407 Gaucho Way

3. Mailing Office Address

23 Central Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

207

City & State

Orlando

City & State

Lynn, MA

Zip
32810

Country
USA

Zip
01902

Country
USA

REINSTATEMENT

0206

4. Date Incorporated or Qualified
To Do Business in Florida **11/01/00**

5. FEI Number
65-1052668

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
Elie Murad

Street Address (P.O. Box Number is Not Acceptable)
5407 Gaucho Way

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32810

400064534 734
01/26/06--01066--001 **758.75

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

Elie Murad
REGISTERED AGENT MUST SIGN

Date **01-05-06**

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.	Elie Murad	5407 Gaucho Way	Orlando, FL 32810
V. Pres	Marco J. Murad	5407 Gaucho Way	Orlando, FL 32810
Tres.	Vladimir E. Murad	5407 Gaucho Way	Orlando, FL 32810

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 contained in Chapter 119, 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

Date

Daytime Phone #

01-05-06

1 JAN 10 2006

2/2

CARILINK COMMUNICATIONS, INC.

5407 Gaucho Way
Orlando FL, 32810
617.240.4453

January 5, 2006

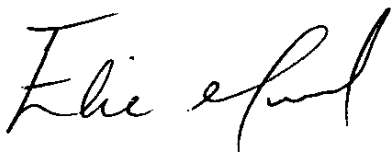
Department of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Dear sir or madam:

Enclosed please find a completed Corporation Reinstatement for Carilink Communications, Inc. I am requesting that the reinstatement fee of \$ 600.00 be waived due to the fact that my corporation did not receive the annual report notices in the mail, due to unknown circumstances. I have enclosed a check in the amount of \$758.75 for reinstatement of my Corporation and a Certificate of Status.

Yours truly,

Elie Murad
President

A handwritten signature in black ink, appearing to read "Elie Murad", written in a cursive style.