

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

DOCUMENT # **P00000109665**

1. Corporation Name

**CARLUCCI INTERNATIONAL, INC.**

Principal Place of Business

11362 SAN JOSE BLVD.  
JACKSONVILLE FL 32223

Mailing Address

11362 SAN JOSE BLVD.  
JACKSONVILLE FL 32223

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

**11362 San Jose Blvd**

Suite, Apt. #, etc.

City & State

**Jacksonville FL**

City & State

Zip

**32223**

Country

**USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/22/2000**

5. FEI Number

**59-369-9200**

Applied For

Not Applicable

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)

1

Name of Officers  
and/or Directors

2

Street Address of Each  
Officer and/or Director

3

City / State / Zip

4

DPS

**ALVARADO, CARLOS**

**11362 SAN JOSE BLVD.**

**JACKSONVILLE FL 32223**

DVT

**ALVARADO, OKSANA**

**11362 SAN JOSE BLVD.**

**JACKSONVILLE FL 32223**

**200004880042--7**  
**-02/05/02--01037--003**  
**\*\*\*300.00 \*\*\*300.00**

8. Name and Address of Current Registered Agent

**ALVARADO, CARLOS**  
**11362 SAN JOSE BLVD.**  
**JACKSONVILLE FL 32223**

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

**Carlos Alvarado**

REGISTERED AGENT MUST SIGN

Date

**1-20-02**

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:

**Carlos Alvarado**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

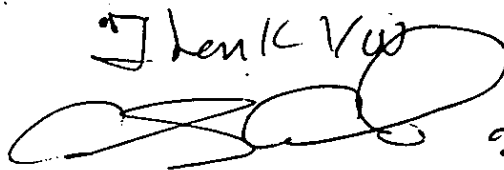
**1-20-02**

**904-716-781**

CP2ED40 (8/01)

P.S. We never recieved our Corp  
Application last year to renew our  
Lic. Mrs. Margeta informed me  
my reinstatement fee will be 300<sup>00</sup>.

Thank You



300<sup>00</sup>

Mrs Margeta  
Margeta