

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN 11 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000 114380**

1. Corporation Name

4 CARNAVAL, INC.

2. Principal Office Address

15588 SW 62 ST.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33193

Country

Zip

Country

100004853051--2

-02/01/02--01039--029

******300.00 ****300.00**

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1057362

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

GABRIEL S. DIAZ-SARMIENTO, CPA, PA.

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

15588 SW 62 ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33193

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

[Signature]

Date

1/10/02

REGISTERED AGENT MUST SIGN

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
D	ESCOBAR RAMIREZ, FRANCISCO J	8017 NORTHERN BLVD	JACKSON HEIGHTS, NY 11372
D	VIEGOLI BUTIERREZ, NANCY MONICA	80-17 NORTHERN BLVD	JACKSON HEIGHTS, NY 11372
S	GABRIEL DIAZ-SARMIENTO	15588 SW 62 ST	MIAMI FL, 33193

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]

GABRIEL DIAZ-SARMIENTO

SECRETARY

Date

1/10/02 (305) 4793213

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)

4 CARNAVAL, INC.

15588 SW 62 STREET
MIAMI, FL 33193

January 10, 2002

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

VIA: UPS 1Z TT2 406 37 1000 000 7

Ref: Doc. #P00000114380
4 CARNAVAL, INC.

Dear Sirs,

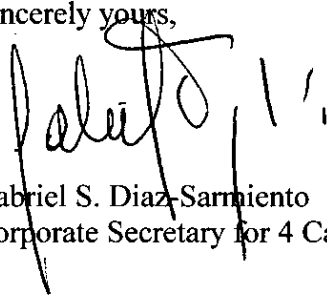
Enclosed please find our Corporation Reinstatement Form for the Florida Corporation 4 Carnival Inc. with the Document Number referenced above.

We are respectfully requesting that the penalties for not having filed the Uniform Business Report for year 2001 because we did not receive the form. This was probably due to problems with our previous Registered Agent, Ms. Lissette Rodriguez.

We are enclosing check #1101 in the amount of \$300.00 corresponding to the filing fees for years 2001 and 2002 as per instructed by your office.

If we can be of further help on this matter, please contact us at telephone (305) 479-3213, or via fax at (305) 385-6924.

Sincerely yours,



Gabriel S. Diaz-Sarmiento
Corporate Secretary for 4 Carnival, Inc.