

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC 10 PM 1:43

DOCUMENT # P00000116812

1. Corporation Name

CARRIS INC.

Principal Place of Business

2901 CLINT MOORE RD., #151  
BOCA RATON FL 33496

Mailing Address

2901 CLINT MOORE RD., #151  
BOCA RATON FL 33496



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

4. Date Incorporated or Qualified  
To Do Business in Florida

12/22/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

✓ 65-107 9344

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	SHELTON, MURRAY	5030 CHAMPION BLVD. #142	BOCA RATON FL 33496
			600004726766--5 12/14/01 01047 023 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

SHELTON, MURRAY  
2901 CLINT MOORE RD., #151  
BOCA RATON FL 33496

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/1/2001

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2052

Carris, Inc.  
2901 Clint Moore Rd. #151  
Boca Raton, FL 33496

October 30, 2001

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Carris, Inc. Document No. P00000116812

Gentlemen:

In reference to your letter of 10/24/01, please be advised that it has always been our policy to pay all renewal charges in a timely manner.

The main officer of the corporation has been hospitalized since April, 2001 and is now able to take care of all outstanding items. Because of this inadvertent illness, we request that the payment, as mailed to you on 10/12/01, be accepted and all other charges be waived. We respectfully request acceptance of this explanation and renew said corporation.

Very truly yours,

CARRIS, INC.

By: 

Murray Shelton

saved as Carris-reinst.