

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 NOV 27 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000033690

1. Corporation Name

Carfou-Com, Inc

2. Principal Office Address

6753 West Camelia Drive

3. Mailing Office Address

Same as office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miramar, FL

City & State

Zip

33023

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/28/2001

5. FEI Number

65-108-8291

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

Elna Paulo

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

6753 West Camelia Drive

Suite, Apt. #, Etc.

City

Miramar

State  
FL

Zip Code

33023

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

*Elmer P. Michelle*

Date 11/21/2002

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
CEO	Elna Paulo	1108 NW 9th Ave Suite 2	Fort Lauderdale, FL 33311

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:

*Elmer P. Michelle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/21/02

Daytime Phone #

CR2E081 (9/01)

Carfou-Com, Inc  
6753 West Camelia Drive  
Miramar, Fl 33023

November 22, 2002

Dept. of State  
Division of Corporations  
P O Box 6327  
Tallahassee, Fl 32314

**RE: Requested to Waive/Reduce Reinstatement Charges**

To Whom It May Concern:

Per my conversation with one of your representative this morning, I am requesting \$750.00 fee to be reduced to \$150.00 because of non-receipt of notification for renewal in the mail; due to address change. I have enclosed the following documents towards the application for reinstatement of our corporation, which apparently had been dissolved for non-payment:

- The Reinstatement Form
- Money Order in the amount of \$150.00

Thank you and let me know if you are in need of additional information.

Sincerely,



Elna P. Michel  
Chief Executive Officer

EPM:

Enclosures