

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 NOV 27 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000053989**

1. Corporation Name

CARILINK INTERNATIONAL INC.

300009238443
11/27/02--01042--009 **750.00

2. Principal Office Address

9550 BAY HARBOR TER

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#215

Suite, Apt. #, etc.

City & State

BAY HARBOR

City & State

FL

Zip

33154

Country

Zip

Country

DADE

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

June 1, 2001

5. FEI Number

2353134-7

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

JACOB GITMAN

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

1111 KANECONCORSE #518 BAL HARBOR FL 33154

Suite, Apt. #, Etc.

#518

City

BAL HARBOR

State

FL

Zip Code

33154

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]

REGISTERED AGENT MUST SIGN

Date **11/20/02**

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	JACOB GITMAN	1111 KANECONCORSE #518	BAL HARBOR FL 33154
VP	ELISA GITMAN	1111 KANECONCORSE #518	BAL HARBOR FL 33154
VPRG	HANY AYDUB	9550 BAY HARBOR TER #215	BAY HARBOR FL 33154
VP	DONFERED GERTON	9550 BAY HARBOR TER #215	BAY HARBOR FL 33154

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] **HANY AYDUB**

11/20/02

305-865-4950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)