

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 20 AM 10:14

DOCUMENT # P01000056250

1. Corporation Name

CARRASCO CONSULTING, INC.

Principal Place of Business

3580 N. PARK ROAD
HOLLYWOOD FL 33021

Mailing Address

3580 N. PARK ROAD
HOLLYWOOD FL 33021



100009701361
12/26/02--01073--006 **150.00

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/2001

5. FEI Number

65-1137403

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VP	CARRASCO, JUANITA I	3580 N. PARK ROAD	HOLLYWOOD FL 33021
P	CARRASCO, MANUEL	3580 N. PARK ROAD	HOLLYWOOD FL 33021

8. Name and Address of Current Registered Agent

FINIZO, PAUL G
200 SOUTHEAST 9 STREET
FORT LAUDERDALE FL 33316

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/19/02

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUANITA I CARRASCO

Date

Daytime Phone #

12/19/2002 954-394-0281

CR2E040 (8/02)

December 19, 2002

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

To Whom It May Concern:

I am enclosing this letter to request a waiver of the reinstatement fee. I did not receive the 2002 notice to pay the Annual Report Fee and the Corporate Supplemental fee. I am enclosing a check for the \$150.00 owed. I thank you in advance for your prompt attention to this matter. If you have any questions I can be contacted any time at 954-394-0281.

Corporation Name

CARRASCO CONSULTING, INC

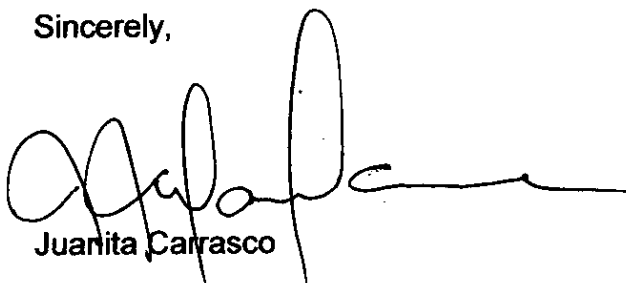
Document #

P01000056250

Address

**3580 N Park Road
Hollywood, FL 33021**

Sincerely,

A handwritten signature in black ink, appearing to read 'Juanita Carrasco', with a long horizontal flourish extending to the right.

Juanita Carrasco