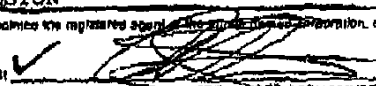


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL -6 AM 10:27

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000007235 1. Corporation Name CARISC, INC.			
2. Principal Office Address 4600 NW 93 DORAL CT. Suite, Apt. #, etc.		3. Mailing Office Address 4600 NW 93 DORAL CT. Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA Zip 33178 Country U.S.A.		City & State MIAMI, FLORIDA Zip 33178 Country U.S.A.	
		4. Date incorporated or chartered To Do Business in Florida 01/22/2002	
		5. FEI Number 01-0582857	
		6. ☐ Certificate of Status Desired ☐ Not Applicable	
7. Name and Address of Current Registered Agent			
Name RICARDO RUSSO			
Street Address (P.O. Box Number is Not Acceptable) 873 GARNET CIRCLE			
Suite, Apt. #, Etc.			
City WESTON		State FL	Zip Code 33326
8. I, being appointed the registered agent of the corporation, am familiar with and accept the obligations of section 607.0506 or 617.0506, F.S.			
Signature of Registered Agent  Date _____			
REGISTERED AGENT MUST SIGN			
9. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
NAME	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MARIO RUSSO-SARTI	4600 NW 93 DORAL CT.	MIAMI, FLORIDA 33178
D	BEATRIZ RUSSO	4600 NW 93 DORAL CT.	MIAMI, FLORIDA 33178
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. 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 178.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date			
Mailing Phone #			

STR PLAN 204F 1

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

CAPISCE, INC.

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