PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
03 DEC 22 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000008134

REINSTATEMENT 03

1. Corporation Name
CARLISLE 714, INC

2. Principal Office Address	3. Mailing Office Address
9195 COLLINS AVE	9195 COLLINS AVE
Suite, Apt. #, etc. # 714	Suite, Apt. #, etc. 714 # 9195 COLLINS AVE
City & State SURFSIDE, FL	City & State SURFSIDE, FL
Zip 33154 Country UNITED STATES	Zip 33154 Country UNITED STATES

4. Date Incorporated or Qualified To Do Business In Florida 01/23/02

5. FEI Number APPLIED

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Cost for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
GRISALES & ALFANO, LLC

200025688792
12/22/03--01063--020 **750.00

Street Address (P.O. Box Number Is Not Acceptable)
999 BRICKELL AVE

Suite, Apt. #, Etc.
700

City MIAMI State FL Zip Code 33131

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 _____ Date 12/18/03
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
P	BONACORSI JUAN C	9195 COLLINS AVE # 714	SURFSIDE, FL 33154
SV	BONACORSI STELLA F	9195 COLLINS AVE # 714	SURFSIDE, FL 33154

12/12/03

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 with 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

NATURE: _____ 12/18/03 305-917-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JUAN CARLOS BONACORSI
PRESIDENT