

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 DEC 17 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000012830**

1. Corporation Name

**CARRASCO INSURANCE & INVESTMENTS  
INC.**

2. Principal Office Address

**1105 SE 24th Ave**

Suite, Apt. #, etc.

City & State

**OCALA FLA.**

Zip

**34471**

Country

**USA**

3. Mailing Office Address

**1105 SE 24th Ave**

Suite, Apt. #, etc.

City & State

**OCALA, FLA.**

Zip

**34471**

Country

**USA**

**REINSTATEMENT 03**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**02-0537175**

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

**GEORGE CARRASCO JR.**

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

**1105 SE 24th Ave**

Suite, Apt. #, Etc.

City

**OCALA,**

State

**FL**

Zip Code

**34471**

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

**George Carrasco Jr.**

REGISTERED AGENT MUST SIGN

Date

**11/18/03**

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
<b>PRES</b>	<b>GEORGE CARRASCO JR.</b>	<b>1105 SE 24th Ave</b>	<b>OCALA, FL 34471</b>

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:

**George Carrasco Jr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11/18/03**

Daytime Phone #

**352-351-0698**

CR2E081 (10/02)

**Tx**

CARRASCO INSURANCE & INVESTMENTS INC.  
1105 SE 24TH AVE.  
OCALA, FLORIDA 34471

ATTN: Katrina  
State of Florida  
Department of Business and Professional Regulation  
1940 N Monroe St  
Tallahassee, Florida 32399-0783

RE: Document #P02000012830  
FEI #02-0537175

Dear Katrina:

It appears that my Uniform Business Report for Carrasco Insurance & Investments Inc. Was not received. I was involved in a political campaign for Mayor of Ocala and it has been Brought to my attention that Carrasco Insurance & Investments Inc., was not reinstated.

Upon being notified of this lapse I have sent this letter and you will find my enclosed check for \$158.75, and ask that you waive the \$600 reinstatement fee.

Thank you very much for your cooperation in this matter.

Sincerely,



George Carrasco Jr., President  
Carrasco Insurance & Investments, Inc.

RECEIVED

DEC 01 2003

REVENUE