

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -2 AM 9:19

DOCUMENT # *P02000019911*

1. Corporation Name

Carr's Corner Cafe, Inc.

100074536641
05/15/06--01003--003 **450.00

REINSTATEMENT *04-06*

CR2E081 (12/05)

2. Principal Office Address

3025 N. Tamiami Trail

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

USA

Zip

34234

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2-18-02

5. FEI Number

68-0492683

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

Sharon M. Carr

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

3004 W. Tamiami Circle

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34234

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

Sharon M. Carr

Date

4/27/6

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
<i>D</i>	<i>Sharon M. Carr</i>	<i>3004 W. Tamiami Cr.</i>	<i>Sarasota, FL 34234</i>

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 contained in Chapter 119, 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:

Sharon M. Carr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/6

Daytime Phone #

941-355-4051

2 of 2

April 27, 2006


Department of State
Division of Corporations
POB 6327
Tallahassee, Florida 32314

Re: Reinstatement
Document # P02000019911

Dear Sir/Madam:

Enclosed please find my Corporate Reinstatement application and my check in the amount of \$450.00 to bring my filings for 2004, 2005 and 2006 up to date and current. I respectfully request that all penalties be waived due to the fact that I never received the paperwork necessary to keep this corporation active in the State of Florida. Please accept my application and enclosed check as an example of my timely future filings.

Respectfully yours,

A handwritten signature in cursive script that reads "Sharon M. Carr".

Sharon M. Carr
Registered Agent
Carr's Corner Café, Inc.