

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL -8 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD2000070986

1. Corporation Name

CARVY TRADING CORPORATION

[Handwritten signature]

REINSTATEMENT 03-04

2. Principal Office Address

15771 SW 46 ST

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33185

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/2002

5. FEI Number

15-3095971

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

EVY ROSA PERALTA

400038843724

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

15771 SW 46 ST

07/07/04 01072 006 **900 00

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33185

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

[Handwritten signature: E. Peralta]

REGISTERED AGENT MUST SIGN

Date

6/30/04

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
PD	EVY ROSA PERALTA	15771 SW 46 ST	MIAMI, FL 33185
VP	Edgar J. PERALTA	15771 SW 46 ST	MIAMI, FL 33185

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:

EVY R PERALTA *[Handwritten signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/30/04

Daytime Phone #

305 302 5234