

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 21 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000077424**

1. Corporation Name

**CARALCO INVESTMENT, INC.**

Principal Place of Business

Mailing Address

103 W. OAK  
C-6  
KISSIMMEE FL 34741

103 W. OAK  
C-6  
KISSIMMEE FL 34741

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**3501 W. Vine St**

Suite, Apt. #, etc.

**Suite 350**

City & State  
**Kissimmee, FL**

Zip  
**34741**

Country  
**USA**

3. New Mailing Office Address, If Applicable

**3501 W. Vine St**

Suite, Apt. #, etc.

**Suite 350**

City & State  
**Kissimmee, FL**

Zip  
**34741**

Country  
**USA**

4. Date Incorporated or Qualified  
- To Do Business In Florida

**07/11/2002**

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status



**REINSTATEMENT**

**03**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ALFONZO, CAROLINA	103 W. OAK ST., SUITE C-6	KISSIMMEE FL 34741

**700023968547**  
10/21/03--01056--018 \*\*158.75

8. Name and Address of Current Registered Agent

ALFONZO, CAROLINA  
103 W. OAK ST  
C-6  
KISSIMMEE FL 34741

9. Name and Address of New Registered Agent

Name **Carolina Alfonso**  
Street Address (P.O. Box Number is Not Acceptable)  
**3501 W. Vine St S**  
Suite, Apt. #, Etc.  
**Suite 350**  
City **Kissimmee**

State  
**FL**

Zip Code  
**34741**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Carolina Alfonso*

REGISTERED AGENT MUST SIGN

Date

**10/14/2003**

11. 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:

*Carolina Alfonso*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/14/2003**

Daytime Phone #

CR2E040 (7/03)

**CARALCO**  
**INVESTMENTS Inc.**

3501 West Vine Street Suite 350 Kissimmee, Florida 34741  
Phone: 407-468-2015 Fax: 407-870-2552  
Email: carolaalfonzo@msn.com

October 14, 2003

Florida Department of State  
Tallahassee, FL 32314

To Whom It May Concern:

Due to a recent address change, we never received the Uniform Business Report (UBR) from the Divisions of Corporations. Attached to this letter is the Application for Reinstatement form and a check for the correct fee of \$158.75.

Should you have any questions or comments, please contact me at 407- 468-2015.

Attentively,

Carolina Alfonzo