PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000120302

1. Corporation Name

CARAT INVESTMENTS, INC.

Principal Place of Business

Mailing Address

1312 SE 20TH STREET CAPE CORAL FL 1312 SE 20TH STREET CAPE CORAL FL ĤĽĔĎ

03 OCT 24 AH 9:37

SECRETARY OF STATE TALLAHASSEE. FLORIDA

200024085062 10/24/03--01033--018 **150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.					10/24/0301033018 **150.00		
2. New Prin	ncipal Office Address, If Applicable	ng Office Address, If	Applicable T	4. Date Incorporated or Qualified To Do Business in Florida 11/07/2002			
Suite, Apt. #, etcSuite, Apt. #,Suite, Apt. #,			Del Prod	o Blod. Ha	G. PEI Numbei	F = =	- Applied For
City & State City & State		Coral	.FI.	<u>42</u>	<u>-136152</u>	Not Applicable	
Zip	Country	Zip 330	OH Country	ee		OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip	
PD	KOSTER, WOLFGANG		1312 SE 20TH STREET		CAPE CORAL FL		
STD	KOSTER, RITA	1312 SE 20TH STREET		CAPE CORAL FL			
				•			
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent			
WITKIEWICZ, ANGELIKA				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
2114 CAPE CORAL PARKWAY				,			
CAPE CORAL FL 33914				Suite, Apt. #, Etc.			
				City			State Zip Code
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 o	of SIGNA		\$ 10 mm 1			Date	
-9.2.2.30		REGISTERED AGENT MUST SIGN					
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							

1. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-03

Daytime Phone #

CARAT INVESTMENTS, INC. 1312 SE 20TH STREET CAPE CORAL, FL 33990 239-574-0927

October 21, 2003

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314-

RE: Administrative Dissolution of Carat Investments, Inc.

Gentlemen:

Enclosed is our annual UBR form for 2003. We are hereby requesting that the reinstatement fee be waived, as the corporation did not receive the two prior uniform business report notices. The house at which the business is located was rented during the year and the mail must have been received by a renter who did not forwarded it to the people responsible for paying the bills received at the house. The owner just received a copy of the notice recently. Therefore we are changing the mailing address to that of our accountant to avoid a future reoccurrence of this incident.

In lieu of the above, we have enclosed the application with payment of the \$150 annual fee.

If you have any questions, please contact our accountant, Lilliane Marcinkiewicz at 239-541-0055.

Sincerely,

Wolfgang Koester

President