

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000112831

1. Corporation Name

C. A. R. Investment Group, Inc.

W09-17154

2. Principal Office Address - No P.O. Box #

6487 SW 10 Street

Suite, Apt. #, etc.

City & State

West Miami, FL

Zip

33144

Country

USA

3. Mailing Office Address

6487 SW 10 Street

Suite, Apt. #, etc.

City & State

West Miami, FL

Zip

33144

Country

USA

7. Name and Address of Current Registered Agent

Name

Carmen Pineiro

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

6487 SW 10 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33144

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

Carmen Pineiro

Date 4/8/09

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
VP	Carmen Alvarez	6101 SW 17 Street	Miami, FL 33155
P	Carmen Pineiro	6487 SW 10 st	Miami, FL 33144

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:

Carmen Pineiro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-09

Date

305-525-9536

Daytime Phone #

FILED

09 MAY -5 PM 2: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200149460222
04/10/09--01031--024 **300.00

REINSTATEMENT

07-09

4. Date Incorporated or Qualified
To Do Business in Florida 10/13/2003

5. FEI Number
200822345

☒ Applied For
☐ Not Applicable

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

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

200149460222
04/21/09--01024--026 **150.00

9/11-7