

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000021885

**FILED**  
**Nov 14, 2011**  
**Secretary of State**

**Entity Name:** CARRASCO ENTERPRISES, INC.

**Current Principal Place of Business:**

306 DUQUE ROAD  
LUTZ, FL 33549

**New Principal Place of Business:**

11829 WHISPER CREEK DRIVE  
RIVERVIEW, FL 33569

**Current Mailing Address:**

306 DUQUE ROAD  
LUTZ, FL 33549

**New Mailing Address:**

P.O. BOX 4804  
TAMPA, FL 33677

**FEI Number:** 45-0533852

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARRASCO, ABEL  
306 DUQUE ROAD  
LUTZ, FL 33549 US

**Name and Address of New Registered Agent:**

CARRASCO, ABEL P SR.  
11829 WHISPER CREEK DRIVE  
RIVERVIEW, FL 33569 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ABEL CARRASCO

11/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CARRASCO, ABEL  
Address: 11829 WHISPER CREEK DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ABEL CARRASCO

D

11/14/2011

Electronic Signature of Signing Officer or Director

Date