

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

pg 1 of 2

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 FEB -1 PM 4:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P04000095127**

1. Corporation Name

**CAROLINA RESTAURANT OF AMERICA, INC.**

2. Principal Office Address

**360 AYLES BURY COURT**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**KISSIMMEE, FL**

Zip

Country

**34758**

**REINSTATEMENT 05-06**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**73-1707735**

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

**JOSE SALVADOR**

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

**360 AYLES BURY COURT**

Suite, Apt. #, Etc.

City

**KISSIMMEE**

State

**FL**

Zip Code

**34758**

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

*[Signature of Jose Salvador]*  
REGISTERED AGENT MUST SIGN

Date **1/9/2006**

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
<b>PRES</b>	<b>LAURA SALVADOR</b>	<b>360 AYLES BURY COURT</b>	<b>KISSIMMEE/FLORIDA/34758</b>
		<i>for 2/2</i>	

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: X

*[Signature of Jose Salvador]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/2006

Date

(407) 895-5933

Daytime Phone #

Robinson and Robinson Inc.

pg 2 of 2

JANUARY 09, 2006

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform you that CAROLINA RESTAURANT OF AMERICA, INC. , has relocated. The named Corporation did not receive a Annual Corporate Reports, for the year (2004&5). Due to these circumstances we are asking that you abate the reinstatement fees. The payment of \$150.00 is enclosed for the said year. If there are any questions you can contact me at (407) 895-5933. Document #P04000095127.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,

  
Maurice Robinson