


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.5em; font-weight: bold; transform: rotate(-5deg);">97 AUG -1 AM 11:39</div> <div style="font-size: 1.2em; font-weight: bold; transform: rotate(-5deg);">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>			
DOCUMENT # P04228 1. Corporation Name CARBOTEK, INC.		<div style="font-size: 1.5em; font-weight: bold; transform: rotate(-5deg);">REINSTATEMENT</div> <div style="font-size: 1.2em; font-weight: bold; transform: rotate(-5deg);">200002256482--5</div> <div style="font-size: 1.1em; font-weight: bold; transform: rotate(-5deg);">-08/04/97--01103--001</div> <div style="font-size: 1.1em; font-weight: bold; transform: rotate(-5deg);">***1088.75 ***1088.75</div>					
Mailing Address 1480 NW 79TH AVENUE MIAMI, FL 33126						Principal Place of Business 1480 NW 79TH AVENUE MIAMI, FL 33126	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						DO NOT WRITE IN THIS SPACE	
2. New Mailing Address, if Applicable 1480 NW 94TH AVENUE Suite, Apt. #, etc.		3. New Principal Office Address, if Applicable 1480 NW 94TH AVENUE Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <div style="text-align: right;">12/04/1984</div>			
City & State MIAMI, FL Zip 33172		City & State MIAMI, FL Zip 33172		5. FEI Number <div style="text-align: right;">66-0327459</div>			
Country USA		Country USA		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	City / State / Zip				
P	BURTON B. JACKNOW	1480 NW 94TH AVENUE	MIAMI, FL 33172				
D	GRACIANA GONZALEZ	1480 NW 94TH AVENUE	MIAMI, FL 33172				
D	ERIC GONZALEZ, JR.	1480 NW 94TH AVENUE	MIAMI, FL 33172				
S/T	WILLIAM ZAPATA	1480 NW 94TH AVENUE	MIAMI, FL 33172				
D	MARIA DE LOS ANGELES GONZALEZ	1480 NW 94TH AVENUE	MIAMI, FL 33172				
				<div style="font-size: 1.5em; font-weight: bold; transform: rotate(-5deg);">JBS-1-97</div>			
8. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE, FL 32301			9. Name and Address of New Registered Agent Name CORPORATION SERVICE CO. (CSC - TALLAHASSEE) Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET Suite, Apt. #, Etc. SUITE 105 City TALLAHASSEE <div style="display: flex; justify-content: space-between;"> State FL Zip Code 32301 </div>				
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.							
Signature of Registered Agent <u>Gail Shelby</u> Gail Shelby, as its agent Date <u>08/01/97</u> <div style="text-align: center; font-size: 0.7em;">REGISTERED AGENT MUST SIGN</div>							
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)							
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)							
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>Burton B. Jacknow</u> <div style="font-size: 0.6em;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div>			<div style="text-align: right;">(305) 591-7107, X. 226</div> <div style="font-size: 0.6em;">Date Daytime Phone #</div>				

CR2E040 (6/94)