

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 FEB 20 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P21364

1. Corporation Name
CARLSEN & CO. INC.

Principal Place of Business
2121 PONCE DE LEON BLVD. #950
CORAL GABLES FL 33134-5218
US

Mailing Address
2121 PONCE DE LEON BLVD. #950
CORAL GABLES FL 33134-5218
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 10/20/1988

5. FEI Number 65-0067725 Applied For Not Applicable

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



REINSTATEMENT *at*

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	BODIN, PAUL DAVID	121 FRANCIS ST.	WORCESTER MA 01606
DV	GRAHAM, BERNARD F.	117 E 57TH ST APT 23-D	NEW YORK NY 10022
V	ORTIZ, DAVID G.	1448 LENOX AVE	MIAMI BEACH FL
V	ARISS, MIKE M.	889 WEST 44TH STREET	MIAMI, FL 33140
			000002439720--0 -02/24/98-01108-004 ****593.75 ****593.75

8. Name and Address of Current Registered Agent
BODIN, PAUL DAVID
2121 PONCE DE LEON BLVD., #950
CORAL GABLES FL 33134-5218

9. Name and Address of New Registered Agent
Name: BODIN, PAUL DAVID
Street Address (P.O. Box Number is Not Acceptable): 000002439720--0
Suite, Apt. #, Etc.: -02/24/98-01108-004
City: State: FL Zip: 33150

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: *Paul D. Bodin* Date: 2/5/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No
(See other side for information on intangible tax.)

12. 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: *Paul D. Bodin* PAUL DAVID BODIN 2/5/98 305/442-7047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (8/97)