

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

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--003 ****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
******315.00 ****315.00**
FL

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

REGISTERED AGENT MUST SIGN

Date

2/5/98

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/98
Date

305/442-7047
Daytime Phone #



REINSTATEMENT *at*

FILED

98 FEB 20 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA