

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1997 JAN 13 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000071775**

1. Corporation Name

CARACORDS, INC.

Principal Place of Business

Mailing Address

7821 S.W. 169TH ST.
MIAMI FL 33157

7821 S.W. 169TH ST.
MIAMI FL 33157



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

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0451856

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

33071 USA.

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	SOLOMON, GARY	7821 S.W. 169TH ST. 225 NW 121 AVE	MIAMI FL 33157 CORAL SPRINGS, FL. 33071
P	SOLOMON, CAROLYN	7821 SW 169TH ST 225 NW 121 AVE.	MIAMI FL 33157 CORAL SPRINGS, FL. 33071
			300002058703--3 -01/15/97--01027--017 ***\$15.00 ***\$15.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOLOMON, GARY
12651 SOUTH DIXIE HWY
SUITE 318
MIAMI FL 33156

Name SOLOMON, GARY
Street Address (P.O. Box Number is Not Acceptable)
225 NW 121 AVE
Suite, Apt. #, Etc.
City CORAL SPRINGS State FL Zip Code 33071

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

Gay Mortham
REGISTERED AGENT MUST SIGN

Date

1/8/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Gay Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/97
Date

(954)255-1064
Daytime Phone #