

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 MAY -1 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000077225

1. Corporation Name

CART-WARE, INC.

Principal Place of Business
12920-M Automobile Blvd.
Clearwater, FL 34622

Mailing Address

REINSTATEMENT

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/08/1993	
City & State		City & State		5. FEI Number	
Zip		Country		59-3490437	
33762				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input 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)

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
(P) (D)	Michael T. Felix	12920 Automobile Blvd.	Clearwater, FL 33762
(S) (D)	Todd E. Siegel	12920 Automobile Blvd.	Clearwater, FL 33762
(D)	Robert N. Speiser	12920 Automobile Blvd.	Clearwater, FL 33762

8. Name and Address of Current Registered Agent

Cronin, Michael T.
911 Chestnut St.
Clearwater, FL 34616

9. Name and Address of New Registered Agent

Name
Todd E. Siegel

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

Suite, Apt. #, Etc.

City
Clearwater,

600002513366-5

-05/06/98-01069-010

****150.00 State ****50.00

FL 33762

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

Todd E. Siegel
REGISTERED AGENT MUST SIGN

600002513366-5

-05/06/98-01069-011

****150.00 State ****50.00

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

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:

Todd E. Siegel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/98
Date

813-576-8311
Daytime Phone #