

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
FILED
02 JUN 19 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000077225

1. Corporation Name

Cart-Ware, Inc.

2. Principal Office Address

12920-M Automobile Blvd

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33765

Country

USA

3. Mailing Office Address

12920-M Automobile Blvd

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33765

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3490437

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Todd E. Siegel

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

12920 Automobile Blvd

Suite, Apt. #, Etc.

City

Clearwater

State
FL

Zip Code

33765

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Todd E. Siegel

REGISTERED AGENT MUST SIGN

Date 4/18/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Todd E. Siegel	12920 Automobile Blvd	Clearwater, FL 33765
DST	Michael Conroy	12920 Automobile Blvd	Clearwater, FL 33765

10. 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:

Michael Conroy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02

Date

727-576-6311

Daytime Phone #

CR2E081 (9/01)