

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 30 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000065594

1. Corporation Name

CARANT, INC.

Principal Place of Business

Mailing Address

LAKE WORTH
717 LAKE AVE
LAKE WORTH FL 33460

LAKE WORTH
717 LAKE AVE
LAKE WORTH FL 33460

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

09/01/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0562124

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3	City, State, Zip 4
D/p	CELA, GILBERT	3930 TIMBERLINE DR. 1905 FITTIN COURT	WEST PALM BEACH FL- LAKE WORTH, FL 33461
VP	CELA, GINETTE	1905 FITTIN COURT	LAKE WORTH, FL 33461
T	CELA, MARC	1605 S. PALM WAY	LAKE WORTH, FL 33460
S	CELA, CAROLE	3905 CAROLINA DRIVE	LAKE WORTH, FL 33461

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVIS, ZELL JR
515 N. FLAGLER DR.
SUITE 700
WEST PALM BEACH FL 33401

Name

GILBERT CELA

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

717 LAKE AVENUE

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33460

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10 26 2000

11. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10 26 2000 561 582 7666

CR2E040 (8/00)

CARANT, INC
717 LAKE WORTH AVENUE
LAKE WORTH, FL 33460

October 26, 2000

Ms. Kathy Ashton
Document Specialist
Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Application for Reinstatement
Document #P94000065594
FEI #65-0562124

Gentlemen:

Attached is the completed Application for Reinstatement for our firm. I was not aware this document was required until I recently received your reinstatement notice. My former attorney, who has been retired since the middle of last year, is listed as the registered agent and did not forward the Annual Corporate Report to me.

I respectfully request your consideration in the abatement of the \$600. penalty required for not filing in a timely manner. Unfortunately, I depended upon my attorney to process all required documents and that was not done nor was the form forwarded to me.

Enclosed please find my check in the amount of \$158.75 as payment of the renewal fee and certificate of status fee and await your decision regarding the penalty amount.

Very truly yours,

CARANT, INC.

Gilbert Cela
President

GC:jl

