

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000065594**

1. Corporation Name

**CARANT, INC.**

FILED

02 NOV 25 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

LAKE WORTH  
717 LAKE AVE  
LAKE WORTH FL 33460

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/01/1994

5. FEI Number

65-0562124

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	4 City / State / Zip
DP	CELA, GILBERT	1905 FITTIN COURT	LAKE WORTH FL 33461
DP	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

500009214735  
11/26/02--01006--005 \*\*750.00

8. Name and Address of Current Registered Agent

CELA, GILBERT  
717 LAKE AVENUE  
LAKE WORTH FL 33460

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

11/20/02

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 OF GILBERT CELA, President** 11/20/02 561 582 7666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E140 (8/02)