

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG 24 PM 2:05

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P94000682778

1. Corporation Name

CARLA OF KEY WEST CORP.

2. Principal Office Address

1500 ATLANTIC BLVD

3. Mailing Office Address

1516 DUNCOMBE ST

Suite, Apt. #, etc.

#406

Suite, Apt. #, etc.

City & State

KEY WEST FL

City & State

KEY WEST, FL

Zip

33040

Country

U.S.A.

Zip

33040

Country

U.S.A.

REINSTATEMENT 03-016
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

11/14/94

5. FEI Number

65-0537775

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

CARLA BISCARDI

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

1516 DUNCOMBE ST.

Suite, Apt. #, Etc.

City

KEY WEST

State

FL

Zip Code

33040

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

Carla Biscardi

Date 8/17/06

REGISTERED AGENT MUST SIGN

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
PT	PENTZ, FRANCESCA	1500 ATLANTIC BLVD #406	KEY WEST, FL 33040
VS	CARLA BISCARDI	1516 DUNCOMBE ST	KEY WEST, FL 33040

10079214131
09/29/06--01012--012 **\$00.00

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 contained in Chapter 119, 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:

Carla Biscardi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/06
Date

305 296-6015
Daytime Phone #

2082

Carla of Key West Corp., 1516 Duncombe St
Key West, FL 33040 (305)296-6015

August 17, 2006

Florida Dept of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

With regards to the reinstatement of Carla of Key West Corp., I have enclosed an application of reinstatement along with a cashier's check in the amount \$600.00. I understand that the additional fees of \$400.00 will be waived in lieu of the fact that the notice of dissolution was never received by us but was in fact returned to your office. We have been completely unaware of this action taken by your office and request to be reinstated as quickly as possible. Thanking you in advance for your prompt consideration and assistance.

Sincerely



Carla Biscardi, VP/Sec
Carla of Key West Corp.