APPLICATION FOR REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 15 PM 6:29

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P95000066137

CARJOR, INC.
7401 NW 11 CT
PLANTATION FL 33313

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

3050 NW 23 Ave
Address

OAKLAND PARK FL
City and State

33311
Zip Code

REINSTATEMENT 96-0

3. Date Incorporated or Qualified To Do Business in Florida: 8/25/1995

4. FEI Number

FEI Number Applied For ✓

FEI Number Not Applicable

5. $8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

1 Title	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 and State
PD	Alberto Castillo	3930 Jasmine Ln	Coral Springs, FL 33065

500004702245--9
-12/03/01--01047--032
***1500.00 ***1500.00

11/29

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

ANTOLIN PESTANO
7401 NW 11 CT
PLANTATION FL 33313

8. Name and Address of New Registered Agent and/or Office

Name: Alberto Castillo

Street Address (Do NOT Use P.O. Box Number): 3050 NW 23 Ave

Street Address (Do NOT Use P.O. Box Number):

City and State: OAKLAND PARK FL. Zip: 33311

CR2EC401(8/97)

9. 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: Alberto Castillo Date: 11/12/01

REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: Alberto Castillo Date: 11/12/01 Daytime Phone #: 954/739-9771

Typed or printed name of person signing

TOTAL P.01