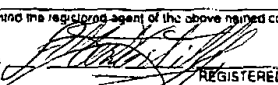
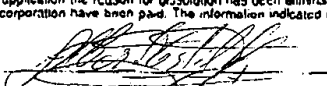


APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		DO NOT WRITE IN THIS SPACE FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 NOV 15 PM 6:29	
Make Check Payable To: Department of State					
1. Name and Mailing Address of Corporation: 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 Address OAKLAND PARK FL City and State 33311 Zip Code REINSTATEMENT 96-01		
3. Date incorporated or Qualified To Do Business in Florida 8/25/1995		4. FEI Number		5. ☒ Additional Fee required for a Certificate of Status \$8.75 FEI Number Applied For FEI Number Not Applicable ☐ CERTIFICATE OF STATUS DESIRED	
6. Names and Street Addresses of Each Officer and/or Director					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City and State		
1	PD Alberto Castillo	3430 Jasmine Ln	Coral Springs, FL 33065		
2					
3					
4					
5					
6					
7					
8					
REGISTERED AGENT INFORMATION				8. Name and Address of New Registered Agent and/or Office	
7. Name and Address of Current Registered Agent ANTOLIN PESTANO 7401 NW 11 CT PLANTATION FL 33313				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	
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 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., 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  Date 11/12/01 Daytime Phone # 959/739-9771					