

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN 11 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000074520**

1. Corporation Name

CARMEL SERVICES, INC

2. Principal Office Address

10410 NW 7TH AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

10410 NW 7TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33150

Country

MIAMI-DADE

Zip

33150

Country

MIAMI-DADE

4. Date Incorporated or Qualified
To Do Business in Florida

9-27-95

5. FEI Number

65-0533731

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

OLA OLAIGBE

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

18441 NW 2ND AVE. #220

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33169

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

REGISTERED AGENT MUST SIGN

Date

12/13/2000

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
P	MARIE C. SULLY	10410 NW 7 AVENUE	MIAMI, FL. 33150
VP	CHARLES ANGLADE	10410 NW 7 AVENUE	MIAMI, FL. 33150
SEC	CHARLES ANGLADE	10410 NW 7 AVENUE	MIAMI, FL. 33150
TR	MARIE C. SULLY	10410 NW 7 AVENUE	MIAMI, FL. 33150

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 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:

Marie Carmel Sully

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/13/2000

Daytime Phone #

305 759 0039

CR2E081 (9/99)