

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 NOV 15 PM 5:05

DOCUMENT # P95000093048

1. Corporation Name

CAR-ROB, INC.

Principal Place of Business

Mailing Address

1967 N CONFERENCE DRIVE
BOCA RATON FL 33486

1967 N CONFERENCE DRIVE
BOCA RATON FL 33486



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0626132

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVST	LEVY, CAROLINE	1967 N CONFERENCE DRIVE	BOCA RATON FL 33486
D	LEVY, CAROLINE	1967 N CONFERENCE DRIVE	BOCA RATON FL 33486
			000003488190--4 -12/05/00--01103--015 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEVY, CAROLINE
1967 NORTH CONFERENCE DRIVE
BOCA RATON FL 33486

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date 10-17-00

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-13-00

561-338-330

HOME
561-499-1835

October 17, 2000

Florida Dept of State
Document # PS00093048
FEI # 65-0626132

Re: Caroline Levy
Car - Rob dnc.

To whom it may concern;

Enclosed please find my
check # 1772 in the amount of \$1500.

Because of recent events in
my personal life such as the
death of my husband - my daughter's
nervous breakdown and being
hospitalized and everything just
falling apart - I apologize for
the oversight of this important
matter and speaking to your office
today was told the check amount
to send @ this time. I have
hardship on my financial situation
at present and trying to clear up
as much as possible now. Please
advise on current status.

Caroline Levy