

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

AND FILED

98 DEC 30 PM 4: 58

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000010467**

1. Corporation Name

CARLOS HOME SERVICES, INC.

Principal Place of Business

4233 NW 9TH AVE.
 POMPANO BEACH FL 33064

Mailing Address

4233 NW 9TH AVE.
 POMPANO BEACH FL 33064

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

2. New Principal Office Address, If Applicable
22484 TIKI DRIVE

Suite, Apt. #, etc.
BOCA RATON, FLORIDA

City & State
33428

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
22484 TIKI DRIVE

City & State
BOCA RATON, FLORIDA

Zip Country
33428

4. Date Incorporated or Qualified To Do Business in Florida

01/29/1996

5. FEI Number

65-0638511

Applied For

Not Applicable

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)

1 Title(s)	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 / State / Zip
DP	ANJOS, JOSE C	4233 NW 9TH AVE.	POMPANO BEACH FL 33064

500002733575--G
 -01/07/99--01080--006
 ****750.00 ****750.00

12/130

8. Name and Address of Current Registered Agent

ANJOS, JOSE C
 4233 NW 9TH AVE.
 POMPANO BEACH FL 33064

9. Name and Address of New Registered Agent

Name
ANJOS, JOSE C.
 Street Address (P.O. Box Number is Not Acceptable)
22484 TIKI DRIVE
 Suite, Apt. #, Etc.
 City
BOCA RATON, FLORIDA State **FL** Zip Code **33428**

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] **NATURE REQUIRED**
 REGISTERED AGENT MUST SIGN

Date **Dec 20, 98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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., 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]* **NATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 20, 98 (954)
 Date Daytime Phone # **(253-2357)**

CR2E040 (6/98)