

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
09 NOV 18 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000035944

1. Corporation Name

CARCEP PROPERTIES, INC.

REINSTATEMENT 05-09

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #  
4062 SW 102ND CT

Suite, Apt. #, etc.

3. Mailing Office Address  
4062 SW 102ND CT

Suite, Apt. #, etc.

City & State  
MIAMI, FL

City & State  
MIAMI, FL

Zip Country  
33165 USA

Zip Country  
33165 USA

4. Date Incorporated or Qualified  
To Do Business in Florida APRIL 4, 1996

5. FEI Number  
65-0667711

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  
TEODOSIO CEPERO

Street Address (P.O. Box Number is Not Acceptable)  
4062 SW 102ND CT

Suite, Apt. #, Etc.

City  
MIAMI

State Zip Code  
FL 33165

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Teodosio A. Cepero*

REGISTERED AGENT MUST SIGN

Date NOVEMBER 17, 2009

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
PSD	TEODOSIO CEPERO	4062 SW 102ND CT	MIAMI FL 33165

100162926101  
11/18/09--01026--008 \*\*750.00

*2011/19*

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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: *Teodosio A. Cepero*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/09

Date

Daytime Phone #