


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 22 PM 2:23

DOCUMENT # P96000050674		
1. Entity Name CARA NURSERIES S.E. INC.		

Principal Place of Business 3300 HENDERSON BLVD TAMPA, FL 33609	Mailing Address 2060 LINDEN BLVD. ELMONT, NY 11003
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REINSTATEMENT 04-05



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02072005 REIN-P CR2E098 (6/04)

4. FEI Number 59-3383531		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHAHUM, JOSEPH 3208 W. MORRISON AVENUE TAMPA, FL 33629

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE _____
Signature, typed or printed name of registered agent and, if applicable, of registered agent signature required when reinstating

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAHUM, JOSEPH 3208 W MORRISON AVENUE TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEP CARACCILO, JOSEPH SR 2060 LINDEN BLVD ELMONT, NY 11003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARACCILO, CATHERINE 2060 LINDEN BLVD ELMONT, NY 11003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARACCILO, JOSEPH A 2060 LINDEN BLVD ELMONT, NY 11003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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03/01/05--01050--021 ***900.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR