

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 SEP 19 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000075589

1. Corporation Name

Carnet of West Palm Beach, Inc.

100008024871--8
-09/25/02-01081-010
*****915.00 *****975.00

2. Principal Office Address

13146 La Mirada Circle

3. Mailing Office Address

13146 La Mirada Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wellington, Florida

City & State

Wellington, Florida

Zip

33414

Country

USA

Zip

33414

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 9/11/1996

5. FEI Number

65-0693607

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Francisco J. Cabrera

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

13146 La Mirada Circle

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414

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

9/12/02

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
D	Cabrera, Francisco J.	13146 La Mirada Circle	Wellington, Florida 33414
D	Cabrera, Annette E.	13146 La Mirada Circle	Wellington, Florida 33414

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:

Annette E. Cabrera, Director

9/12/02

561-792-9786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR22001 (9/01)

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CARNET OF WEST PALM BEACH, INC.
13146 LA MIRADA CIRCLE
WELLINGTON, FLORIDA 33414

September 12, 2002

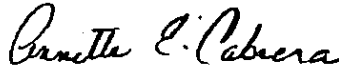
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find a Corporate Reinstatement form for the above-referenced corporation, together with a check issued to the Florida Department of State in the amount of \$915 representing your reinstatement fees.

Please be advised that, since its incorporation, we have never received a Uniform Business Report for the corporation. Accordingly, we understand from our conversation with you that the additional \$600 reinstatement fee is being waived.

Sincerely,



Annette Cabrera,
Director