

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 18 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P960000 87215

1. Corporation Name

Carolco Ltd., Inc.

W-27590

2. Principal Office Address

6140 Masters Blvd

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32819

Country

U.S.A.

3. Mailing Office Address

6140 Masters Blvd

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32819

Country

U.S.A.

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

October 20, 1996

5. FEI Number

59-3404446

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

Carol H. Breitbard

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

6140 Masters Blvd

Suite, Apt. #, Etc.

City

Orlando

State  
FL

Zip Code  
32819

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

Carol H. Breitbard  
REGISTERED AGENT MUST SIGN

Date

Dec 15, 2000

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
P	Carol H. Breitbard	6140 masters Blvd	Orlando, Florida 32819

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

Carol H. Breitbard Carol H. Breitbard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-15-2000 876-4869

Daytime Phone #

CR2E081 (9/99)