PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P97000051019**

1. Corporation Name

CARPS INVESTMENT, INC.

03 OCT 16 AM 9:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business 3217 BROADWAY WEST PALM BEACH FL 33407		Mailing Address 3217 BROADWAY WEST PALM BEACH FL 33407			REINSTATEWENT 03				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.									
New Principal	New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 06/09/1997					
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. FEI Number Applied For					
City & State		City & State		<u> </u>	0070703097	Not Applic			
Zìp	Country	Zip		Country	6. CERTIFICATI	E OF STATUS DESIRED [\$8.75 Additional Fee reconstruction of States	uired itus	
7. Names and Str	eet Addresses of Each Officer and	or Director (Flo	rida nonprof	it corporations must list at lea	ast 3 directors)				
Title(s)	Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip				
D RENG	RENGASAWMY, SEWSANKAR		3217 BROADWAY		WEST PÄLM BEACH FL 33407				
					10716	002386 03010920	역 64년 02 **150.00		
	. Name and Address of Current	Pagistared Age	<u></u>		9 Name and	Address of New Pegis	tored Agent	_	
	, inalite alla Address di Current	negistered Age		Name	9. Name and Address of New Registered Agent				
AJINKYA, ARVIND - 4524 GUN CLUB RD., #102				Street Address (P.O. Box Number is Not Acceptable)			CR2E040 (7/03)		
WEST PALM BEACH FL 33415			Suite, Apt. #, Etc.)			
				City			State Zip Code		
	nted the registered agent of the abo	ove named corpo	oration, am fa	amiliar with and accept the ol	bligations of Sect	·			
Signature of Registered Agent					Date 10-13-05				
	R	EGISTERED AG	ENT MUST	SIGN					
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 filling 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: SEWSANKAR RENGASAWMY

10 13 03 561-842-10 HT
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



3700 N. FLAGLER DRIVE W. P. B., FL 33407

ASSISTED LIVING FACILITY LICENSE # 5943

TEL. (561) 842-1047 FAX: (561) 842-9385 FAX: (561) 863-4350 (MEDICAL)

FACSIMILE COVER SHEET

TO: Whom it may C			·
FAX:	DATE: 10	tralos	And the state of the second se
PHONE:	PAGES:		,
RE: CARPS INU. INC	CC:		
Urgent For Review Plea	ase Comment Pleas	e Reply	_Please Recycle
Comments: To Whom it	may concern	•	
I am sending y	ow a copy of	my c	heck that
was mailed to y			
I am sending a	nother check	for C	arp's in
the amount &	150.00 . I	bluoa	guess
that the first			
Thank you			
3			

PLEASE CALL ABOVE NUMBER IF PROBLEMS OCCUR WITH TRANSMISSION, THANKS!

CONFIDENTIALTY NOTE: THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPENT, YOU ARE HEARBY NOTIFIED THAT DISCRIMINATION, DISTRIBUTION OR COPY OF THIS FACSIMILE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS FACSIMILE IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US TO THE ADDRESS ABOVE VIA THE UNITED STATES POSTAL SERVICE, THANK YOU.



July 21,2003

Division of Corp. P.O.Box 6327 Tallahassee, Florida 32314

TO WHOM IT MAY CONCERN

Please be advised that I never received any renewal forms for My Corporation. CARPS INVESTMENT INC. P97000051019 And BESHANT INVESTMENT INC.P94000010295.

I was not aware that they were up for renewal until I received The second notice.

I am enclosing a check for both Corporation

Mr Sewsankar Rengasawmy Administrator.

FIZA INVESTMENT INC 0801 3700 POINSETTIA AVE WEST PALM BEACH, FL 33407

PH 561-842-1047

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63-8735/2670



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