

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -11 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000058857

1. Corporation Name

CARRI-FRESH INC.

Principal Place of Business

7920 N.W. 89TH AVENUE
TAMARAC FL 33321

Mailing Address

7920 N.W. 89TH AVENUE
TAMARAC FL 33321



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0835679

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MORGAN, YVONNE	7920 N.W. 89TH AVENUE	TAMARAC FL 33321
D	MORGAN, BARINGTON	7920 N.W. 89TH AVENUE	TAMARAC FL 33321
			400014957914 04/01/03--01012--011 **750.00
			400014957914 05/01/03--01029--008 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORGAN, YVONNE
7920 N.W. 89TH AVENUE
TAMARAC FL 33321

Name BARINGTON MORGAN
Street Address (P.O. Box Number is Not Acceptable)
7920 NW 89TH AVE
Suite, Apt. #, Etc.
TAMARAC, FL
City
State FL Zip Code 33321

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 3-26-03

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 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 BARINGTON MORGAN 3-26-03 (954) 720-0849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #