

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000104571

1. Corporation Name

Carvitronics Corp.

2. Principal Office Address

7580 N.W. 70th St

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33166

Country

US

3. Mailing Office Address

7580 N.W. 70th St.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33166

Country

US

REINSTATEMENT 05-06

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/97

5. FEI Number

65-0804122

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

Juan Carbo

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

7580 N.W. 70th St.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33166

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/02/06

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/S	Carbo, Juan	7580 N.W. 70th St.	Miami, FL 33166
			800081556188 11/07/06 01003 014 **300.00

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 contained in Chapter 119, 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: *[Signature]*

Juan Carbo

11/02/06

305-525-0430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2082

November 2, 2006

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

RE: Taxpayer: Carvitronics Corp
 Document # P97000104571
 EIN: 65-0804122

Dear Sir or Madam:

We respectfully request that the Department abate the penalty imposed for the reinstatement of Carvitronics Corp, EIN 65-0804122. We are requesting the penalty abatement due to the fact that the notice was not received for renewal of the Annual Report.

Attached please find the application for the reinstatement of Carvitronics Corp. along with a check for \$300.00 to reinstate this said corporation for the years 2005 & 2006.

Thanking you in advance for your prompt attention to this matter.

Sincerely,



Juan Carbo
President
Carvitronics Corp.