

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

03 FEB -5 AM 9:17

FLORIDA DEPARTMENT OF STATE

CORPORATION
REINSTATEMENT

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

00-03

DOCUMENT # P98000022051

1. Corporation Name

CARO EQUIPMENT CORP

2. Principal Office Address

8190 WEST 26TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

8190 WEST 26TH AVE

Suite, Apt. #, etc.

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip

Country

33016

USA

Zip

33016

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/5/1998

5. FEI Number

65-0819146

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

CARLOS R ROSALES

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

2921 NW 101 STREET

Suite, Apt. #, Etc.

City

MIAMI

State Zip Code

FL

33149

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

Date 1/5/2003

REGISTERED AGENT MUST SIGN

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 / Street / Zip
PD	ROSALES, CARLOS R	2921 NW 101 STREET	MIAMI FL 33149
VP S	ROSALES, ANGELICA	2921 NW 101 STREET	MIAMI FL 33149

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/5/2003

1-954-3042010
Daytime Phone #

2/1/03

Company Information Worksheet**Company**

Company Name

CARO EQUIPMENT CORP

Federal EIN

65-0819146

TIN or state ID

Address

Street

8190 WEST 26TH AVE

Suite

City

HIALEAH

State

FL

ZIP Code

33016

Phone

1954-3042010

Fax Phone

Form Dates

For Period Ending

6/30/2001

Due Date

1/1/2001

HIALEAH JANUARY 5TH, 2003

DIVISION OF CORPORATIONS
ANNUAL REPORT/ REINSTATEMENT SECTION
P.O. BOX. 6327
TALLAHASSEE, FL 32314-6327..

GENTLEMEN:--

ENCLOSE YOU WILL FIND THE REINSTATEMENT FORM FOR OUR
CORPORATION NAMELY CARO EQUIPMENT CORP THAT WAS
DISOLVED BY THE STATE ON 09-22-2000.

WE REVER RECEIVED THE UBR FORM FROM THE STATE FOR 2001 AND 2002
AND WE RECENTLY FIND THAT THE CORP HAVE BEEN DISOLVE BY THE
STATE, OBVIOUSLY PROBABLY THESE FORMS WERE LOST ON THE
MAIL AND WE NEVER RECEIVED IT.

ALSO WE ARE ENCLOSING TOGHETER WITH THE FORMS FOR BOTH YEARS
OUR CHECK FOR \$ 300.00 US DOLLAR, THAT WE RESPECTFULLY REQUEST
THAT THE STATE REINSTATE OUR SMALL CORP BECAUSE OTHERWISE WE
WILL BE SUFFERING A GREAT HARSHIP.

THANKING YOU IN ADVANCE WE REMAIN

YOURS VERY TRULY

CARO EQUIPMENT CORP

CARLOS MR ROSALES
PRESIDENT

