

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 13 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 980000 33965**

1. Corporation Name

CARRANZA, INC

2. Principal Office Address

16769 SE 130th AVE

Suite, Apt. #, etc.

City & State

WEIRSDALE, FL

Zip

32195

Country

U.S.A.

3. Mailing Office Address

10125 SE SUNSET HARBOR RD

Suite, Apt. #, etc.

clo BUSINESS + TAX SERVICES

City & State

SUMMERFIELD, FL

Zip

34491

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/13/1998

5. FEI Number

59-3506687

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 01-04

7. Name and Address of Current Registered Agent

Name

ELIZABETH CROWLEY BUSINESS + TAX SERVICES

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

10125 SE SUNSET HARBOR RD

Suite, Apt. #, Etc.

SUITE C

City

SUMMERFIELD

State

FL

Zip Code

34491

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

Elizabeth Crowley

REGISTERED AGENT MUST SIGN

Date

7/8/04

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/D	CARRANZA, JOSE ANTONIO	15965 SE 134th AVE WEIRSDALE, FL 32195	WEIRSDALE FL 32195
V/S/T/D	CARRANZA, DOROTHY O	15965 SE 134th AVE WEIRSDALE, FL 32195	WEIRSDALE FL 32195
			200039072822 07/13/04 01067 027 **1206.75

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:

Dy Carranza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOROTHY O. CARRANZA

7/8/04
Date

352 821-0288
Daytime Phone #

CR2E081 (01/04)