

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

FILED

00 APR -6 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name and Mailing Address of Corporation: DOCUMENT # P98000058112

CARTICO INTERNATIONAL, INC.

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address  
3315 NW N. RIVER DRIVE

City and State Zip Code  
Miami, FL 33142

3. If Principle Office Address is different from mailing address, enter address below:

Address  
3315 NW N. RIVER DRIVE

City and State Zip Code  
Miami, FL 33142

Date Incorporated or Qualified  
To Do Business in Florida

6/30/98

5. FEI Number

65-0847513

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required  
for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

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

2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4	City / State / Zip
S.D.	CARMEN LORA		6534 SW 136 CT.		Miami, FL 33183

REINSTATEMENT

99-00

300003203918--4

-04/11/00--01039--009

\*\*\*\*900.00 \*\*\*\*900.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

9. If changed, new registered agent / office

Name  
CARMEN LORA

Street Address (Do NOT Use P.O. Box Number)  
6534 SW 136 CT.

Street Address (Do NOT Use P.O. Box Number)

City State Zip  
Miami FL 33183

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

Agent Carmen Lora Date 3/27/00  
REGISTERED AGENT MUST SIGN

If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

KE

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  
reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all  
owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made  
oath.

or Director Carmen Lora Date 3/27/00 Daytime Phone # (305) 6336123

or printed name of signing officer or director CARMEN LORA

CR2E040 (8/92)