

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

AND
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JAN -2 AM 9:23

DOCUMENT # P99000024734

1. Corporation Name

Carlos International Food, Inc.

REINSTATEMENT

02-03

2. Principal Office Address

1550 NW 128 Drive

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

108

City & State

City & State

Sunrise, FL

Zip

Country

Zip

Country

33323

000009527050

12/16/02--01082--007 **908.75

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/99

5. FEI Number

65-0919198

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

Marianna Montanaro

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

1550 NW 128 Drive Apt 108

Suite, Apt. #, Etc.

City

Sunrise

State

FL

Zip Code

33323

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

M. Montanaro
REGISTERED AGENT MUST SIGN

Date 12-10-02

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	MARIANNA MONTANARO	1550 NW 128 DR #108	SUNRISE, FL 33323

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: M. Montanaro Marianna Montanaro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-10-02 954-846-9792

Daytime Phone #

CR2E081 (9/01)