

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -1, PM 5:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000027153

1. Corporation Name

CARBA, INC.

Principal Place of Business

2418 SW WARWICK ST  
PORT SAINT LUCIE FL 34984

Mailing Address

2418 SW WARWICK ST  
PORT SAINT LUCIE FL 34984

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/19/1999

5. FEI Number

65-0906863

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	FARINA, SALVATORE J	2418 SW WARWICK ST	PORT SAINT LUCIE FL 34984

000008783480

11/04/02--01064--006 \*\*150.00

8. Name and Address of Current Registered Agent

FARINA, SALVATORE J  
2418 SW WARWICK ST  
PORT SAINT LUCIE FL 34984

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED  
SALVATORE J FARINA

10/31/02

Date

372-3591345

Daytime Phone #

To Whom IT MAY CONCERN

Enclosed is my application for  
reinstatement along with a check for  
\$150.00.

I would appreciate you considering  
in waving the late fees due to the  
fact that I did not receive my normal  
notice until now.

Thank you

Salut J. J.