

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN 25 AM 8:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *S 76432*

1. Corporation Name

Carrera Industries Corporation

2. Principal Office Address

20034 SW 118 Ct.

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33177

Country

United States

3. Mailing Office Address

20034 SW 118 Ct.

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33177

Country

United States

REINSTATEMENT

982081

4. Date Incorporated or Qualified
To Do Business in Florida

8/27/1991

5. FEI Number

65-0275646

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

Victor A. Carrera

200003655582

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

20034 SW 118 Ct.

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33177

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *1/23/01*

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
<i>VP</i>	<i>Victor E. Carrera</i>	<i>7090 Hood St</i>	<i>Hollywood, FL 33023</i>
<i>P</i>	<i>Victor A. Carrera</i>	<i>20034 SW 118 Ct</i>	<i>Miami FL 33177</i>

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] *Victor A. Carrera*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/23/01

Daytime Phone #

305 836-0124

KE

CR2E081 (9/00)