

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



APPROVED AND FILED

98 DEC -7 PM 3:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F96000005555**

1. Corporation Name
CARSON PRODUCTS COMPANY

Principal Place of Business Mailing Address

64 ROSS RD SAVANNAH GA 31405 US
 P O BOX 22309 SAVANNAH GA 31403 US

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

REINSTATEMENT 98

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/24/1996	
City & State		City & State		5. FEI Number	
Zip		Country		51-0325487	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DC	KEITH, LEROY	47 RIBAUT DR	HILTON HEAD SC 29926
CEO D	KEITH, LEROY	47 RIBAUT DR	HILTON HEAD SC 29926
DV CEOP/D	SMITH, DENNIS E Gregory J. Andrews	24 CARDIFF RD 412 E. Charlton St.	SAVANNAH GA 31419 Savannah, GA 31401
DV S/D	ROCHE, JOYCE Robert W. Pierce	2 FLOWING WELLS LN 38 Belmont Drive	SAVANNAH GA 31411 Bluffton, SC 29910
D	WASIK, VINCENT A	3 DEERWOOD RD	WESTPORT CT 06880
D	BATHGATE, LAWRENCE E II	52 BUENA VISTA	RUMSON NJ 07760

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		891219 800002710289-7 -12/11/98-01068-034 ***758-75 State Zip Code 758-75 FL	

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.

Signature of Registered Agent: *Barbara A. Burke* **BARBARA A. BURKE** SPECIAL ASSISTANT SECRETARY
 REGISTERED AGENT MUST SIGN Date: 11/23/98 *OK RWI*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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)(f), 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: *Gregory J. Andrews* **Gregory J. Andrews** 12-2-98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EM40 (9/98)