PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 AUG 28 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000002512

1. Corporation Name

CARBON FAMILY FOUNDATION INC.

REINSTATEMENT 06-07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
% KIRSTEN GORELL-POMA		% ELIOT D. STEIN, CPA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
4763 LORRAINE DRIVE		2131 HOLLYWOOD BLVD., # 505	
City & State		City & State	
SAN DIEGO, CA		HOLLYWOOD, FL	
Zip	Country	Zip	Country
92115	USA	33120	USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 86-0991034 ☐ 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: ELLIOT D. STEIN, CPA

Street Address (P.O. Box Number is Not Acceptable): 2131 HOLLYWOOD BLVD.

Suite, Apt. #, Etc.: SUITE 505

City: HOLLYWOOD | State: FL | Zip Code: 33120

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Elliot D Stein C/A — Date: 8/16/07
REGISTERED AGENT MUST SIGN

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
DIRECTOR	PAUL GETZ	2135 CECILIA TERRACE	SAN DIEGO, CA 92110
PRESIDENT	KIRSTEN GORELL-POMA	4763 LORRAINE DRIVE	SAN DIEGO, CA 92115
VICE PRESIDENT	LISEL GORELL-GETZ	2135 CECELIA TERRACE	SAN DIEGO, CA 92110

$8/30

100109203521
09/07/07--01032--004 **122.50

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 contained in Chapter 119, 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: Kirsten Gorell-Poma KIRSTEN GORELL-POMA 8/20/07 (619) 702-7676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #