*PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAY 13 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000002512

1. Corporation Name

CARBON FAMILY FOUNDATION, INC

REINSTATEMENT 02-03

900018812849
05/12/03--01113--001 **358.75

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| % KIRSTEN L. GORRELL | % KIRSTEN L. GORRELL |
| Suite, Apt. #, etc.: 3823 DOVE STREET | Suite, Apt. #, etc.: 3823 DOVE STREET |
| City & State: SAN DIEGO, CA | City & State: SAN DIEGO, CA |
| Zip: 92103 Country: USA | Zip: 92103 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 4-17-00

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: RUDOLF + HOFFMAN, P.A.

Street Address (P.O. Box Number is Not Acceptable): 615 NE. THIRD AVENUE

Suite, Apt. #, Etc.:

City: FORT LAUDERDALE, State: FL Zip Code: 33304

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] President — Date 5-8-03
REGISTERED AGENT MUST SIGN

(R2E081 (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 Officers and/or Director | City/State/Zip |
|---|---|---|---|
| PRES/SEC | KIRSTEN L. GORRELL | 3823 DOVE STREET | SAN DIEGO, CA 92103 |
| VP | LISEL GORRELL GETZ | 2135 CECELIA TERRACE | SAN DIEGO, CA 92110 |
| D | PAUL GETZ | 2135 CECENIA TERRACE | SAN DIEGO, CA 92110 |
| D | KRISTEN MATT | 3823 DOVE STREET | SAN DIEGO, CA 92103 |
| | | | |
| | | | |

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: ✓ Kirsten L. Gorell — 4/30/03 — 619-750-4704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32524F.1

gr 5/21