PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT -4 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K56142

REINSTATEMENT 95-05

CR2E081 (8/05)

1. Corporation Name

CARYSFORT, INC.

2. Principal Office Address	3. Mailing Office Address
3404 Sunset Key Circle	c/o Robert Allen Law 1441 Brickell Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite 1400
City & State	City & State
Punta Gorda, FL	Miami, FL
Zip: 33955 Country: U.S.	Zip: 33131 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 01/06/1989

5. FEI Number: 650090505 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Robert Allen Law

Street Address (P.O. Box Number is Not Acceptable): 1441 Brickell Avenue

100006245508
10/05/05--01010--023 **250.00

Suite, Apt. #, Etc.: Suite 1400

City: Miami, State: FL Zip Code: 33131

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

Signature of Registered Agent: By: Umberto Bonavita, Asst Vice President Date: 10/3/2005
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
DP	Brooke, John A.	3404 Sunset Key Circle	Punta Gorda, FL 33955
TS	Brooke, Georgia E.	3404 Sunset Key Circle	Punta Gorda, FL 33955

AP 10/4

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: John A. Brooke, Pres + Director Oct 1, 2005 941-639-9734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #