PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR REINSTATEMENT

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

FILED
98 APR 15 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M88438

1. Corporation Name

Carey Communications Corporation

Principal Place of Business	Mailing Address
3014 South Olive Avenue West Palm Beach, FL 33405	P.O. Box 4545 West Palm Beach, FL 33405

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

REINSTATEMENT 96-98

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 7-6-88

5. FEI Number 65-0067772 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Number) 3	City / State / Zip 4
P	Michael Carey	3014 South Olive Avenue	West Palm Beach, FL 33405
			400002489144--8

98 4/15/98

8. Name and Address of Current Registered Agent

Michael Carey
3014 South Olive Avenue
West Palm Beach, FL 33405

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

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 Michael Carey Date

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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: Michael Carey 4-14-98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 782158 12000A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 1050.00

ORDER DATE : April 15, 1998

ORDER TIME : 10:37 AM

ORDER NO. : 782158-005

CUSTOMER NO: 12000A

CUSTOMER: Renee Ann Winslow, Legal Asst
Shapiro & Adams, P.a.
Suite 272
2401 Pga Boulevard
Palm Beach Gard, FL 33410

DOMESTIC FILINGS

NAME: CAREY COMMUNICATIONS CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS _____

FILED
98 APR 15 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA