

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 22 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000031775

1. Corporation Name

CAROL CUNNINGHAM, INC

2. Principal Office Address

1515 S FLAGLER DRIVE

Suite, Apt. #, etc.

#101

3. Mailing Office Address

1515 S FLAGLER DRIVE

Suite, Apt. #, etc.

#101

City & State

WEST PALM BEACH, FLORIDA

City & State

WEST PALM BEACH, FLORIDA

Zip

33401

Country

US

Zip

33401

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/23/2000

5. FEI Number
582534422

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

CAROL CUNNINGHAM

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

1515 S FLAGLER DRIVE

Suite, Apt. #, Etc.

#101

City

WEST PALM BEACH

State
FL

Zip Code
33401

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

Carol Cunningham
REGISTERED AGENT MUST SIGN

Date 4/20/2004

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 |
|--------|--------------------------------------|---|---------------------------|
| D | CAROL CUNNINGHAM | 1515 S FLAGLER DRIVE #101 | WEST PALM BEACH, FL 33401 |
| | | | |
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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:

Carol Cunningham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2004

Date

Daytime Phone #

CR2001 (01/04)

C.R. COOPER, CPA, PA
1495 FOREST HILL BLVD STE B
WEST PALM BEACH, FLORIDA 33406

American Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

April 20, 2004

Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, Florida 32314

Taxpayer: Carol Cunningham, Inc
Document #: P00000031775
FEIN: 58-2534422
Tax Form: UBR
Tax Period: 2003, 2004

To Whom It May Concern:

We have enclosed check # ~~3586~~ in the amount of \$300.00 for the annual renewal of Carol Cunningham, Inc., Document # P00000031775.

Please abate the penalty as Ms. Cunningham did not receive the original UBR, and did not intentionally avoid the filing fee. The corporation is fairly new and, therefore, Ms. Cunningham is not completely familiar with the UBR.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,


C. R. Cooper, CPA

Encl. _____

cc