

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICANT FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra M. Martin
 Secretary of State
 DIVISION OF CORPORATIONS

P00000070753

750.00

FILED
 01 NOV -7 AM 9:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P00000070753

1. Corporation Name
 Carol Inn, Inc.
 7000 West Palmetto Park Road, Ste. 200
 Boca Raton, FL 33433 *4/21/01*

Principal Place of Business Mailing Address
 •7000 West Palmetto Park Road, Ste. 200
 Boca Raton, FL 33433

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

2. New Principal Office Address, if Applicable
 1903 S. Atlantic Avenue
 Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable
 Post Office Box 2599
 Suite, Apt. #, etc.

City & State
 Daytona Beach Shores, FL 32118

City & State
 Daytona Beach, FL 32118

Zip
 32118

Country
 USA

Zip
 32115

Country
 USA

4. Date Incorporated or Qualified To Do Business in Florida
 7/25/00

5. FEI Number
 65-1030392

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Earl McKenzie	1903 South Atlantic Avenue	Daytona Beach Shores, FL 32118
S/T	Dianne McKenzie	1903 South Atlantic Avenue	Daytona Beach Shores, FL 32118
			400004712204--5 -12/07/01--01003--016 ***1500.00 ****750.00
			REINSTATEMENT 2001
			<i>mn</i>

8. Name and Address of Current Registered Agent
 Steven Garellek
 7000 West Palmetto Park Road
 Boca Raton, FL 33433

9. Name and Address of New Registered Agent
 Name
 James L. Rose
 Street Address (P.O. Box Number is Not Acceptable)
 222 Seabreeze Blvd.
 Suite, Apt. #, Etc.

City
 Daytona Beach

State
 FL

Zip Code
 32118

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.

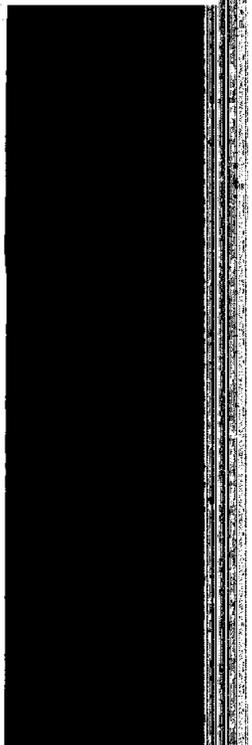
Signature of Registered Agent _____ Date *11-4-01*

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *[Signature]* *11/2/01* *386-257-1222*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CR20040 (1/98)