

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 APR -8 AM 11:38

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000097826**

1. Corporation Name

**CARLINGTON DACRES, INC.**

Principal Place of Business

158 NW 15TH ST  
 POMPANO BEACH FL 33060

Mailing Address

158 NW 15TH ST  
 POMPANO BEACH FL 33060



900015469299  
 04/08/03--01047--004 \*\*308.75

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/28/2001

5. FEI Number

65-1145959

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	JEFFREY, MARLON	158 NW 15TH ST	POMPANO BEACH FL 33060
D	CLOUGH, MAUREEN	158 NW 15TH ST	POMPANO BEACH FL 33060

8. Name and Address of Current Registered Agent

JEFFREY, MARLON  
 158 NW 15TH ST  
 POMPANO BEACH FL 33060

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
 FL

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. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]*  
 SIGNATURE REQUIRED  
 REGISTERED AGENT MUST SIGN

Date

4/2/03

11. 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]*  
 SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey 4/2/03 (954) 829-1465  
 Date Daytime Phone #

CR20040 (8/02)

To : Department of State

This is to inform you that I did  
not receive the two prior Uniform  
Business Report.

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I Marlon Jeffrey Wood like  
to reinstate my Corporation  
The Name of My Corporation is  
Carlington Decres INC.

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Thanks  
Marlon C Jeffrey  
