

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

03 JAN -3 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P930000 42520

1. Corporation Name

Carly Company Inc

2. Principal Office Address

1304 Tuscany Way

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach FL

City & State

Zip

33435

Country

USA

Zip

Country

400009802314

01/03/03--01019--008 **158.75

4. Date Incorporated or Qualified
To Do Business in Florida

6/16/93

5. FEI Number

650418922

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

Warren S. Abelson

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

1304 Tuscany Way

Suite, Apt. #, Etc.

City

Boynton Beach

State
FL

Zip Code

33435

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

Warren S. Abelson

REGISTERED AGENT MUST SIGN

Date

12/28/02

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
Pres	Warren S. Abelson	1304 Tuscany Way	Boynton Beach, FL 33435
Sec	Mary Ann Abelson	" " "	" " "

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:

Warren S. Abelson 12/28/02 561 742-0337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

Date

Daytime Phone #

CR2001 (901)

g 117

CARLY COMPANY, INC.
1304 Tuscan Way
Boynton Beach, FL 33435

12/28/02

Florida Dept of State
Division of Corporations

Re: Corp. Reinstatement

Att: Michelle

Enclosed please find Reinstatement Form
along with check for \$158.75,
and hereby be advised that
UBR was never received for
last year.

Please accept this and waive
any penalty and return Cert. of Status.

Thank you for your consideration.

WS Abelson Pres
Warren S. Abelson