PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 JAN 10 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000053025

1. Corporation Name
CARYN'S PLACE, INC

Principal Place of Business / Mailing Address
1803 SOUTH AUSTRALIAN AVE Suite "A"
WEST PALM BEACH FL 33409

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable	3. New Mailing Address, if Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite A	
City & State	City & State West Palm Beach	5. FEI Number 650552084 ☐ Applied For ☐ Not Applicable
Zip / Country	Zip 33409 / Country Palm Bch	6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 A fee will be required for this certificate.

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 Numbers) 3	City / State / Zip 4
PVD STD	JACK ORSLEY	1803 S. Australian Ave "A"	WPB FL 33409

000002055750 --- 15
-01/14/97--01056--015
*****35.00 *****35.00

1/10/97

REINSTATEMENT 1-10-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: JACK ORSLEY
Street Address (P.O. Box Number is Not Acceptable): 1803 So. Australian Ave "A"
Suite, Apt. #, Etc.:
City: West Palm Beach State: FL Zip Code: 33409

CR2E040 (1/96)

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: X _____ Date: 1-7-97
REGISTERED AGENT MUST SIGN

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*****8.75 *****8.75

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑
(Section 199.032 requires information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: X _____ 1-7-97 561-683-4095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #