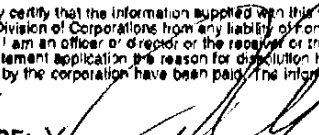


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	FILED 97 JAN 10 PM 12:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # PY5000005025				
1. Corporation Name CARYN'S PLACE, INC.				
Principal Place of Business 1803 SOUTH AUSTRALIAN AVE Suite "A" WEST PALM BEACH FL 33409		Mailing Address		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				
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.		1803 S. AUSTRALIAN AVE Suite A		
City & State		West Palm Beach		5. FEI Number 650552084
Zip		FL 33409		Applied For Not Applicable
CERTIFICATE OF STATUS DESIRED ☒ and 2% additional fee required for 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	
PVP STD	Jack Orsley	1803 S. Australian Ave "A"	WPB FL 33409	
			000002056780	
			-01/14/97--01056--	
			*****915 00 *****	
			9/6-97	
			REINSTATEMENT	
B. Name and Address of Current Registered Agent			B. Name and Address of New Registered Agent	
			Name Jack Orsley	
			Street Address (P.O. Box Number is Not Acceptable) 1803 S. Australian Ave. "A"	
			Suite, Apt. #, Etc.	
			City West Palm Beach	
			State FL	
			Zip Code 33409	
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 1-7-97	
REGISTERED AGENT MUST SIGN			000002056780	
			-01/14/97--01056--	
			*****915 00 *****	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒				
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 for 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: 			1-7-97 561-683-4075	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #	