PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR ~~REINSTATEMENT~~

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

96-97 AR

FILED
97 FEB 28 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P96000039635

1. Corporation Name
CARIZAN INTERNATIONAL COMPANY

Principal Place of Business
476 W. MELROSE CIRCLE
FORT LAUDERDALE
FLORIDA 33312

Mailing Address
——> SAME

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

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee is 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PRESIDENT CEO	CAROL O. BOOTHE	476 W. MELROSE CIRCLE	FT. LAUDERDALE FL 33312

200002103342--6
-03/04/97--01033--012
****365.00 ****365.00

8. Name and Address of Current Registered Agent

NONE

9. Name and Address of New Registered Agent

Name: BLOOM, KENNETH M.
Street Address (P.O. Box Number is Not Acceptable): 801 BRICKELL AVENUE, STE. 1401
Suite, Apt. #, Etc.:
City: MIAMI | State: FL | Zip Code: 33131

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 _____
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for 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: Carol Boothe 2/26/97 581-1972 (954)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

February 26, 1997

Ms. Leslie Sellert
Division of Corporation
409 E. Gaines Street
Tallahassee Fl 32399

Dear Ms. Sellert:

As per our conversation on 2/26/97, I did not receive my Annual Report for year end 1996. I would appreciate that waving of any charge pertaining to this.

Please find enclosed a check for $365 and a renewal application. Thank you for your assistance in this matter.

Sincerely,

Clifford Smith
CARIZAN INTERNATIONAL COMPANY