

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -5 AM 9:24

DOCUMENT # P95000063327

1. Corporation Name

CARTER & CARTER INTERNATIONAL, INC.

2. Principal Office Address

111 LIONS DRIVE

Suite, Apt. #, etc.

SUITE 207

City & State

BARRINGTON, IL

Zip

60010

Country

3. Mailing Office Address

931 N. PLUM GROVE RD.

Suite, Apt. #, etc.

City & State

SCHAUMBURG, IL

Zip

60173

Country

REINSTATEMENT 97-00

4. Date Incorporated or Qualified
To Do Business in Florida

8/14/1995

5. FEI Number

65-0614834

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

JOHN J. MCHUGH, JR.

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

333 17TH STREET

Suite, Apt. #, Etc.

SUITE V

City

VERO BEACH

State
FL

Zip Code
32960

800003500418--5

12/13/00 01105-007

***1200.00 ***1200.00

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

REGISTERED AGENT MUST SIGN

Date

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
PTSD	CASTLE, RODNEY	111 LIONS DRIVE	BARRINGTON, IL 60010
DV	CAREY, SEAN	111 LIONS DRIVE	BARRINGTON, IL 60010

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/22/2000

Daytime Phone #

847 344 1414