

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR [REDACTED]	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000094795

1. Corporation Name

CARRINGTON CAPITAL CORP.

Principal Place of Business

2500
1500 NORTH MILITARY TRAIL
SUITE 225
BOCA RATON FL 33487

33431

Mailing Address

2500
1500 NORTH MILITARY TRAIL
SUITE 225
BOCA RATON FL 33487-33431

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

2. New Principal Office Address, If Applicable

2500 N. MILITARY TR.
Suite #, etc.

SUITE 225

BOCA RATON

Zip

33431

Country

USA

3. New Mailing Office Address, If Applicable

2500 N. MILITARY TR.
Suite, Apt. #, etc.

SUITE 225

BOCA RATON FL

Zip

33431

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/1995

5. FEI Number

65-0641955

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	TUCKER, LEONARD	902 CLINTMORE RD, #138	BOCA RATON FL 33431
		2500 N. MILITARY TRAIL #225	
			700004678657--3
			-11/14/01--01054--003
			****150.00 ****150.00

01UBR 78

8. Name and Address of Current Registered Agent

TUCKER, LEONARD
2500 NORTH MILITARY TRAIL
SUITE 225
BOCA RATON FL 33487
33431

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

CR2E90 (8/01)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/01 561-998-2025

Date

Daytime Phone #

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CARRINGTON

October 23, 2001

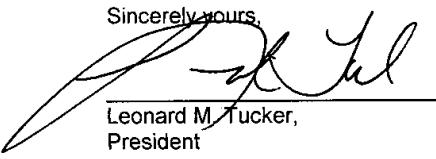
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Carrington Capital Corp.
FEI #65-0641955

Gentlemen:

Please find enclosed my check # 2982 in the amount of \$150.00 and copies of our renewal from January, 2000, notifying your office of the change of address. The address was never changed even though we made the proper address change, and the renewal for the year 2001 was never received. Therefore, we should not be penalized an additional \$600.00. If there is any problem, please feel free to contact me directly.

Sincerely yours,


Leonard M. Tucker,
President

LMT/nm

Encls.