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 NOV 13 PM 2:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000050674

1. Corporation Name

CARA NURSERIES S.E. INC.

Principal Place of Business

~~3208 W. MORRISON AVENUE~~
~~TAMPA FL 33629~~

Mailing Address

~~3208 W. MORRISON AVENUE~~ 2060 LINDEN Blvd
~~TAMPA FL 33629~~
Elmont. N.Y. 11003

REINSTATEMENT 97 AD

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

2. New Principal Office Address, If Applicable: 3300 Henderson Boulevard
Suite, Apt. #, etc.
City & State: Tampa, Florida 33609
Zip: 33609 Country: USA

3. New Mailing Office Address, If Applicable: 2060 Linden Boulevard
Suite, Apt. #, etc.
City & State: Elmont, New York 11003
Zip: 11003 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/11/1996

5. FEI Number: 59-3383531 — 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) 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
D	SHAHUM, JOSEPH	3208 W MORRISON AVENUE	TAMPA FL 33629
D	CARACCIOLO, JOSEPH SR	2060 LINDEN BOULEVARD	ELMONT NY 11003
D	CARACCIOLO, CATHERINE	2060 LINDEN BOULEVARD	ELMONT NY 11003
D	CARACCIOLO, JOSEPH A	2060 LINDEN BOULEVARD	ELMONT NY 11003
			300002350273--2 -11/18/97---01033--022 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

SHAHUM, JOSEPH
3208 W. MORRISON AVENUE
TAMPA FL 33629

9. Name and Address of New Registered Agent

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

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: Joseph Shahum — REGISTERED AGENT MUST SIGN — Date: 11/5/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on Intangible tax.)

12. 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: Catherine Caracciolo — 11/6/97 — 516-285-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CATHERINE CARACCIOLO

CR2E040 (8/97)