

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-08/08/02--01021--027  
\*\*\*\*758.75 \*\*\*\*758.75

REINSTATEMENT 01-02

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # P96000085064

1. Corporation Name  
CARLYNFORD, INC.

2. Principal Office Address  
253 Miracle Mile

3. Mailing Office Address  
253 Miracle Mile

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coral Gables, FL

Coral Gables, FL

Zip  
33134

Country  
USA

Zip  
33134

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 10/15/96

5. FEI Number  
650722681

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  
Martin Lynch

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

Suite, Apt. #, Etc.

City  
Coral Gables

State  
FL Zip Code  
33134

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 7/11/02

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
PD	Lynch, Martin	8190 SW 107th Street	Miami, FL 33156
ST	Clarke, John	12045 SW 77th Terrace	Miami, FL 33183
D	Stafford, Raymond	8190 SW 107th Street	Miami, FL 33156

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:

MARTIN LYNCH

7/11/02

305 UWS. 3777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

8/15/02