FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

99 AUG 23 PM 12: 12

SECRETARY OF STATE
[illegible] FLORIDA

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P97000046340

1 Corporation Name
THE CARRINGTON CENTER INC.

200002970392--1
-08/26/99--01006--006
****908.75 ****908.75

Principal Place of Business / Mailing Address
2800 BROADWAY
WEST PALM BEACH, FL. 33407

REINSTATEMENT 98-99 (1)

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

2 New Principal Office Address, If Applicable
Suite, Apt #, etc
City & State
Zip / Country

3 New Mailing Office Address, If Applicable
Suite, Apt #, etc
City & State
Zip / Country

4 Date Incorporated or Qualified To Do Business in Florida: 5/27/97

5 FEI Number: 65 0765560 ☐ Applied For ☐ Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☑ [illegible]

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD. President	JOSEPH SAN GIOVANNI	159 SUNSET AVE PALM BEACH, FL.	PALM BEACH, FL. 33480
Sec	Joseph San Giovanni	159 Sunset Ave	Palm Beach, FL 33480
Treas	Joseph San Giovanni	159 Sunset Ave	Palm Beach, FL 33480

8. Name and Address of Current Registered Agent
AMERI LAWYER
343 ALMERIA AVE
CORAL GABLES, FL. 33134

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 ______________ REGISTERED AGENT MUST SIGN

Date 8/20/99

11. This corporation owes 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: Joseph SanGiovanni Date 8/20/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Daytime Phone #

KE

CR2E081 (12/98)