

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR -7 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000065639**

1. Corporation Name

CARRINGTON & Associate PA

2. Principal Office Address

1613 N. Hiatus Road.

Suite, Apt. #, etc.

City & State

Pembroke Pines Fla.

Zip
33026

Country

US

3. Mailing Office Address

1613 N. Hiatus Rd.

Suite, Apt. #, etc.

City & State

Pembroke Pines

Zip

33026

Country

US

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10-12-98

5. FEI Number

65-085666

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

Norma Carrington

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

20230 N.W. 4 Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33169

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

Norma Carrington
REGISTERED AGENT MUST SIGN

Date **3.3.06**

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
PVST	Selwyn Carrington	1613 N. Hiatus Rd	Pembroke Pines Fl. 33026
D	Selwyn Carrington	1613 N. Hiatus Rd	Pembroke Pines Fl. 33026.

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 contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.3.06 954432-9823

Date

Daytime Phone #

B. Mitchell MAR 10 2006