

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 21 PM 3:17

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P99000056815

CARLYN INTERNATIONAL CORPORATION

2. Principal Office Address

3223 NORTH STATE ROAD #7

Suite, Apt. #, etc.

City & State

MARGATE, FLORIDA

Zip

33063

Country

USA

3. Mailing Office Address

3223 NORTH STATE ROAD #7

Suite, Apt. #, etc.

City & State

MARGATE, FLORIDA

Zip

33063

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/1999

5. FEI Number

650930521

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-05

7. Name and Address of Current Registered Agent

Name

JAMES R. JACOBS

Street Address (P.O. Box Number is Not Acceptable)
4084 NW 59TH STREET

Suite, Apt. #, Etc.

City

COCONUT CREEK

State

FL

Zip Code

33073

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 04/15/2005

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
D,P	CARPEN, MINACHE A.	4084 NW 59TH STREET	COCONUT CREEK, FL 33073
D,VP	JACOBS, JAMES R.	4084 NW 59TH STREET	COCONUT CREEK, FL 33073

200054126872
05/10/05--01011--010 **300.00

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:

Minache A Carpen

MINACHE A. CARPEN

04/15/2005

954-973-3130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/05)