PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION Katherine Harris** ŤŎR -Secretary of State REINSTATEMENT FILED DIVISION OF CORPORATIONS 00 NOV 20 AM 11: 01 P99000109444 DOCUMENT # 1. Corporation Name SECRETARY OF STATE CARR MANAGEMENT COMPANY, INC. TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 2185 215 GULF OF MEXICO DR. #213 2185 215 GULF OF MEXICO DR. #213 LONG BOAT KEY FL 34228 LONG BOAT KEY FL 34228 HEIRSTATEMENT If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable 12/20/1999 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For-06-1568042 City & State City & State Not Applicable \$8.75 Additional Fee required Country Zip Country Zip CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each City / State / Zip Title(s) and/or Directors Officer and/or Director 3 LONG BOAT KEY FL 34228 2185 GULF OF MEXICO DR., #213 D CARR, ARTHUR 600003493196--8 -12/11/00--01032--008 ****750.00 ****750.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. Suite, Apt. #, Etc. **PLANTATION FL 33324** Zip Code 10. I, being appointed the registered agent of the above framed corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 2.4 AMY BERTELETTI

11. 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 filling 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

REGISTERED AGENT MOST SICH ASSISTANT SECRETARY

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Signature of

Registered Agent

=.,...,

== :...
