

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

02 OCT 25 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000106333

1. Corporation Name
CARPER CARPENTRY, INC.

2. Principal Office Address
118 MAIN STREET

Suite, Apt. #, etc.

City & State
OSPREY, FLORIDA

Zip Country
34229 USA

3. Mailing Office Address
5777 BENEVA ROAD SOUTH

Suite, Apt. #, etc.

City & State
SARASOTA, FLORIDA

Zip Country
34233 USA

4. Date Incorporated or Qualified To Do Business in Florida **11/05/2001**

5. FEI Number **65-1149821** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

900008596619
10/25/02--01083--002 **150.00

7. Name and Address of Current Registered Agent

Name **DANIEL L. PREWETT**

Street Address (P.O. Box Number is Not Acceptable) **5777 BENEVA ROAD SOUTH**

Suite, Apt. #, Etc.

City State Zip Code
SARASOTA FL 34233

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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
P/S/T/D	CARPER, JEFF	118 MAIN STREET	OSPREY, FL 34229

Handwritten signature/initials

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: *Jeff Carper* **Jeff Carper, President** 10-22-02 (941)966-8767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)

CARPER CARPENTRY, INC.
5777 Beneva Road South
Sarasota, FL 34233

October 22, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Carper Carpentry, Inc.
P01000106333

Dear Sir or Madam,

Please find the enclosed Annual Report for the above-referenced corporation. Our mail person would not deliver any corporate mail to our personal home address and thus we never received the renewal notice for tax year 2002.

Our accountant brought the administrative dissolution of our corporation to our attention while he was performing an audit on our records. There was no intentional disregard for our responsibility to file. Therefore, we respectfully request an abatement of all penalties and reinstatement of our corporation.

Thank you for your assistance in this matter. If you have any questions or concerns, please do not hesitate to call me.

Best regards;



Jeff Carper, President
(941) 966-8767

Enclosure