

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 25 AM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0100011748

1. Corporation Name
Golden Rule Fine Carpentry, Inc
6210 NW 77 Street
Gainesville FL 32653

2. Principal Office Address <u>Same</u>		3. Mailing Office Address <u>Same</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT 02-04
3/27/02 90076019 150.00

4. Date Incorporated or Qualified To Do Business in Florida 1/1/2002

5. FEI Number 59-3752907 Applied For Not Applicable

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

TR

7. Name and Address of Current Registered Agent 2/6/03 01072024 150.00

Name James Ellison 400038283464

Street Address (P.O. Box Number is Not Acceptable) 6210 NW 77 St. 06/25/04-01051-007 **15.00

Suite, Apt. #, Etc. Gainesville 400038283464

City Gainesville 06/25/04-01051-006 **60.00

State FL Zip Code 32653

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] Date 6/1/04

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
<u>P,VP,B,T</u>	<u>James Ellison</u>	<u>6210 NW 77 St.</u> <u>Gainesville FL 32653</u>	

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: [Signature] Date 6/1/04 352-870 1210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (01/04)