PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 13 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p93000044198

REINSTATEMENT 03

900023753369
10/13/03--01080--006 **150.00

1. Corporation Name
John Stoudenmire Carter Architect, P.A.

2. Principal Office Address	3. Mailing Office Address
19 Tymber Cove	19 Tymber Cove
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DeLand, FL	City & State: DeLand, FL
Zip: 32724 Country: USA	Zip: 32724 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 6-22-93

5. FEI Number: 59-3190167 ☐ 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: John S. Carter

Street Address (P.O. Box Number is Not Acceptable): 19 Tymber Cove

Suite, Apt. #, Etc.:

City: DeLand | State: FL | Zip Code: 32724

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 10-8-03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	John S. Carter	19 Tymber Cove	DeLand, FL 32724

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: _____ 10-8-03 386-736-3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JT 10/15

JOHN STOUDENMIRE CARTER
ARCHITECT, P.A.
AA 0002396

October 8, 2003

Florida Dept. of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I am requesting a waiver of the $600.00 penalty for not filing the Uniform Business Report by September 10, 2003. I understand that waivers may be granted if the Uniform Business Report was not received. Unfortunately, I cannot make that claim, however there are extenuating circumstances surrounding the receipt of this document. This is a very small organization and our bookkeeper has been in and out for an extended period of time involving three surgical procedures to her leg. She mistakenly filed the incomplete report in an unusual location in this office. The incomplete Uniform Business Report form was discovered this afternoon. I am addressing this situation immediately. I am enclosing a check for $150.00 as the normal filing fee. If the $600.00 penalty cannot be waived please notify me as soon as possible so that we can be reinstated as a corporation.

Thank you for your consideration of this hardship. If we do not receive a response from you we will assume that you have granted the request for waiver.

Sincerely,

John S. Carter
President, Director, Resident Agent

19 TYMBER COVE • DELAND, FLORIDA 32724 • (904) 736-3311 • FAX (904) 736-9111