

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

98-2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 FEB 29 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 330749

1. Corporation Name

Ray Carter Inc.

W-3381

2. Principal Office Address

6373 Blanding Blvd

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32244

Country

Duval

3. Mailing Office Address

6373 Blanding Blvd

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32244

Country

Duval

REINSTATEMENT

98-00

4. Date Incorporated or Qualified
To Do Business in Florida

12-15-72

5. FEI Number

59-1214544

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

Ray Carter Auto Sales, Inc.

Street Address (P.O. Box Number is Not Acceptable)

6373 Blanding Blvd

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code
32244

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

REGISTERED AGENT MUST SIGN

Date 02-03-2000

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
Pres	Carter, Raymond L	5110 Santa Cruz Lane	Jacksonville, FL
Treas	Carter, Dorothy B	5110 Santa Cruz Lane	Jacksonville, FL
Dir	Carter, Raymond	3385 Coastal Hwy 14	St Augustine, FL
Dir	Carter, Dorothy B	5110 Santa Cruz Lane	Jacksonville, FL

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03/03/00 01085 013

***1058.75 ***1058.75

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 in 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-03-2000

Date

904 771 6078

Daytime Phone #