

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 DEC 18 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 397177

1. Corporation Name

T. K. CARSON & SONS, INC.

2. Principal Office Address

700 Old Mount Dora Road

Suite, Apt. #, etc.

City & State

Eustis, FL

Zip

32726

Country

USA

3. Mailing Office Address

700 Old Mount Dora Road

Suite, Apt. #, etc.

City & State

Eustis, FL

Zip

32726

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/09/1972

5. FEI Number

59-1385338

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 9302

7. Name and Address of Current Registered Agent

Name

T. K. CARSON

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

700 Old Mount Dora Road

Suite, Apt. #, Etc.

City

Eustis

State
FL

Zip Code
32726

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

Theo K. Carson

Date 12/13/02

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/D	THEO K. CARSON	700 Old Mount Dora Road	Eustis, FL 32726
S/T/D	DIANE J. CARSON	700 Old Mount Dora Road	Eustis, FL 32726

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:

Theo K. Carson

THEO K. CARSON

12/13/02

Date

352/357-3599

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)