

CORPORATION



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

01 OCT 15 AM 9:19

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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DOCUMENT # CHARTER # 519339
 1. Corporation Name
 JULIAN H. CARTER, INC.

2. Principal Office Address
 2640 LYNNHAVEN TERR
 Suite, Apt. #, etc.

3. Mailing Office Address
 2640 LYNNHAVEN TERR
 Suite, Apt. #, etc.

City & State
 JAX, FL

City & State
 JAX, FL

Zip Country
 32223 OKVAL

Zip Country
 32223 OKVAL

4. Date Incorporated or Qualified To Do Business in Florida
 1976

5. FEI Number
 59-1740363

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
 JULIAN H. CARTER JR.

Street Address (P.O. Box Number is Not Acceptable)
 2640 LYNNHAVEN TERR

Suite, Apt. #, Etc.
 78-D UBR, 178

City
 JAX

State
 FL

Zip Code
 32223

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
 Julian H. Carter Jr.
 REGISTERED AGENT MUST SIGN

Date
 10-11-01

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.	JULIAN H. CARTER	2640 LYNNHAVEN TERR	JAX, FLA 32223
SEC.	CORY P. CARTER	2640 LYNNHAVEN TERR	JAX, FLA 32223
TRES.	JASON M. CARTER	2640 LYNNHAVEN TERR	JAX, FLA 32223

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)(f), 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: Julian H. Carter
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
 10-11-01

Daytime Phone #
 904-262-9115

PLC 20K

10-11-01

Dear Lynn,

Please waive my reinstatement fee for my corporation, since it did not come to my office address causing late problems. Enclosed is my check for \$1917.50 plus \$8.75 for a certificate of status. Thank you for your help in correcting this problem.

Sincerely,
John H. Carter (pres)