

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUL 13 AM 9:33

DOCUMENT # 556621

1. Corporation Name

NOLAN CARTER, P.A.

2. Principal Office Address - No P.O. Box #  
541 VIRGINIA DR

3. Mailing Office Address  
P.O. BOX 2229

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

City & State

ORLANDO, FL

Zip

32789

Country

US

Zip

32802

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

01/01/1978

5. FEI Number

59-178936

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

NOLAN CARTER

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

541 VIRGINIA DRIVE

Suite, Apt. #, Etc.

City

WINTER PARK

State

FL

Zip Code

32789

PROFIT CORPORATIONS ONLY  
 The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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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

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
PVS	NOLAN CARTER	541 VIRGINIA DRIVE	ORLANDO FL 32789
T	NOLAN CARTER	541 VIRGINIA DRIVE	ORLANDO FL 32789

10. E-mail Address: NOLAN@NOLANCARTER.COM

(To be used for future annual report notification)

11. 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. I further certify, 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:

*Nolan Carter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-4-2010

Daytime Phone #

407-415-1556

KS

REINSTATEMENT 09-10

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