

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # 665943 1. Corporation Name CARTER CONTRACTING OF JACKSONVILLE, INC.		<div>FILED 99 DEC -7 PM 4:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div></div> <div> REINSTATEMENT 1999</div>			
Principal Place of Business 12849 PHILLIPS HWY JACKSONVILLE FL 32256				Mailing Address 12849 PHILLIPS HWY JACKSONVILLE FL 32256	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country				3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 04/07/1980		5. FEI Number 59-1983493			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		Applied For Not Applicable			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip		
P	COFFELT, DEBORAH C	1039 WOLFE STREET	JACKSONVILLE		
V	CARTER, WAYNE V	1473 WENTWORTH AVE.	JACKSONVILLE FL 32259		
			200003071422--2 -12/15/99--01078--005 ****750.00 ****750.00		
8. Name and Address of Current Registered Agent HOLBROOK, H. LEON 12849 PHILLIPS HWY JACKSONVILLE FL 32256		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent  Date 12/6/99 REGISTERED AGENT MUST SIGN					
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 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:  DEBORAH A. CARTER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 10/29/99 Daytime Phone # 904-268-5958					

CR2040 (0/99)