

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.

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

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CARTER, DEBORAH A	1039 WOLFE STREET	JACKSONVILLE FL
V	CARTER, WAYNE V	1473 WENTWORTH AVE	JACKSONVILLE FL 32259

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 **DEBORAH A. CARTER**
c/o **CARTER CONTRACTING OF JAX, INC**
Street Address (P.O. Box Number is Not Acceptable)
12849 PHILLIPS HWY
Suite, Apt. #, Etc.
City **JAX** State **FL** Zip Code **32256**

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

Deborah A. Carter
REGISTERED AGENT MUST SIGN

Date

1/24/02

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

1/24/02

Daytime Phone #

904-268-5958



0102