


FILED

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 APR -4 PM 12: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 753724					
1. Corporation Name CARVER FINANCE INCORPORATED					
2. Principal Office Address 2400 Tamiami Trail North			3. Mailing Office Address 2400 Tamiami Trail North		
Suite, Apt. #, etc. Suite 303			Suite, Apt. #, etc. Suite 303		
City & State Naples, Florida			City & State Naples, Florida		
Zip 34102	Country USA	Zip 34102	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 8/12/1980	
5. FEI Number 650127536				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>					

REINSTATEMENT 04-05
REINSTATEMENT

7. Name and Address of Current Registered Agent

Name
R & A Agents, Inc., an Ohio Corporation, qualified to transact business in Florida

Street Address (P.O. Box Number is Not Acceptable)
850 Park Shore Drive

Suite, Apt. #, Etc.
Third Floor

City
Naples

State
FL

Zip Code
34103

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0006 or 617.0003, F.S.

Signature of Registered Agent By: **William D. Hill, assistant secretary** Date: **April 4, 2005**

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Lodge C. McKee	1301 7th Street South	Naples, FL 34102
STD	Paul C. Nick	2400 Tamiami Trail, Ste. 300	Naples, FL 34102
VD	James Whittaker	578 13th Street North	Naples, FL 34102

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 taxes 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/04/05** Daytime Phone #: **239-434-2424**

CR2001 60105

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Division of Corporations

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**Florida Department of State
Division of Corporations
Public Access System**

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Account Name : ROBTZEL & ANDRESS
Account Number : I20000000121
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CORPORATION REINSTATEMENT

CARVER FINANCE INCORPORATED

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