

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
-- SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY 13 PM 5:04

DOCUMENT # **753724**

1. Corporation Name

**CARVER FINANCE INCORPORATED**

2. Principal Office Address - No P.O. Box #

**390 Broad Avenue South**

3. Mailing Office Address

**309 Broad Avenue South**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Naples, Florida**

City & State

**Naples, Florida**

Zip

**34102**

Country

**USA**

Zip

**34102**

Country

**USA**

**100129200871**  
05/13/08--01007--008 \*\*131.25

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

**8/12/1980**

5. FEI Number

**650127536**

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 **R&A Agents, Inc., an Ohio Corporation, qualified  
Attn: Douglas A. Lewis to transact business in FL**

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**

☒ The 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.

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

*William R. O'Neill*, ass't secretary Date **May 12, 2008**  
REGISTERED AGENT MUST SIGN *William R. O'Neill, ass't secretary*

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
PD	C. Lodge McKee II	390 Broad Avenue South	Naples, Florida 34102
VD	Warren Adkins	1267 5th Avenue North	Naples, Florida 34102

*B 5/13/08*

**REINSTATEMENT**

*06-08*

**100129200871**  
05/23/08--01012--014 \*\*61.25

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 contained in Chapter 119, 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

*05/12/08*

Date

*239-592-3358*

Daytime Phone #