## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT	Secr	PARTMENT OF STAT retary of State of corporations		FILED SECRETARY OF STATE TALLAMASSEE, FLORIDA	
DOCUMENT # F0600000357					10 JUL 29 AM 10: 09	
1. Corporation Name CARR, Allison, Puch, Howard,					_	
CARR, Allison, Pugh. Howard, Oliver & Sisson, P.C.					KS	
				07718	<b>90183358100</b> V1001021020 **750.00	
2. Principal Office Address - No P.O. Box # 3. Mailing Of IDD Vestavia Pkwy Iro Vestavia			aura Pkwy	PEINS	STATEMENT, 08-10	
Suite, Apt. #, etc. Suite, Apt. #			,	Date Incor	posted or Qualified	
City & State City & State				To Do Bus	iness in Florida 1/1/06	
BIRMINGHAM AL BIRMI			Country AL	<u> 72135</u>	Not Applicable	
352	116 USA	35216	USA	CERTIFICATI	E OF STATUS DESIRED   \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name						
Street Address (P.O. Box Number is Not Acceptable) 1						
305 South GARSden Street					000183358100 07/29/1001031011 **308.75	
TAVAhassee FL 32301						
8. 1, 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 Date 7 - 14 - 10						
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	
P	Charles F. C.	ARR 10	o Vestavia	PKWY		
V	Russell Q All	150N 10	o Vestavia	Pkwy		
5	Thomas L. O	1 .	OD VIPSTAVIA	PKNU		
-	Bennett L. Pus		od Vestavia	PKWI	1.100	
	COUNTY - TU	27	000000000000000000000000000000000000000	1 12001		
				Late and the second	MACON CONTRACTOR OF THE CONTRA	
10. E-mail Address: DIVNCh @ CARRAILISON. COM						
(To be used for future annual report notification)  11   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 wither certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect.						
as if made under path						
SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						