

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

01 DEC 13 PM 12:39

DOCUMENT # **F99000001089**

1. Corporation Name
CARRSUN REALTY COMPANY

Principal Place of Business ATTN: PHIL CARROLL 5508 ELMWOOD AVE., SUITE 317 INDIANAPOLIS IN 46203	Mailing Address ATTN: PHIL CARROLL 5508 ELMWOOD AVE., SUITE 317 INDIANAPOLIS IN 46203
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REINSTATEMENT B 01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 02/26/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 35-1787137	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	CARROLL, PHILLIP J	1944 BLAZING TRAIL CT.	INDIANAPOLIS IN 46217
S	CARROLL, LINDA M	1944 BLAZING TRAIL CT.	INDIANAPOLIS IN 46217

400004736244--3
 12/24/01 01003 016
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ORTH, LYNN
 281 SAXONY CT.
 WINTER SPRINGS FL 32708

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: *X Lynn M. Orth* **REQUIRED** Date: **12/5/01**
 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: *Phil Carroll* **REQUIRED** **RECAP/REGAR 011** Date: **12/5/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)