

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F99000006520

1. Corporation Name

CAROLINA CONDUIT SYSTEMS, INC.

Principal Place of Business

Mailing Address

3260 SWIFT CREEK  
CLAYTON NC 27520

11431 HIGHWAY 70 W-101  
CLAYTON NC 27520

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/17/1999

5. FEI Number

56-2060264

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	STEPHENS, RONNIE	1008 SHANNON COURT	RALEIGH NC 27603
V	VAN PRAET, ROGER	809 ELBRIDGE DRIVE	RALEIGH NC 27603
<del>S</del>	<del>STEPHENS, BONNIE</del>	<del>1008 SHANNON COURT</del>	<del>RALEIGH NC 27603</del>
<del>T</del>	<del>VAN PRAET, JULIA</del>	<del>809 ELBRIDGE DRIVE</del>	<del>RALEIGH NC 27603</del>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

*Angela Miller* REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/19/01

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:

*Roger Van Praet* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/01 (919) 34-8911

Daytime Phone #

CR2E040 (8/01)