

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 AUG 25 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

CAROTHERS LAND CORPORATION

2. Principal Office Address  
PENSACOLA  
PO Box 987 FL 32502

Suite, Apt. #, etc.

100 S BAYLER ST

City & State  
PENSACOLA

Zip  
32502

Country  
ESCAMBIA

3. Mailing Office Address

same

Suite, Apt. #, etc.

STE B

City & State  
FL 32502

Zip  
32502

Country  
USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

H79595

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

JOHN GRAY

John Gray

Street Address (P.O. Box Number is Not Acceptable)

3211 BAYSHORE SQ

Suite, Apt. #, Etc.

PENSACOLA

City

FL 32507

State  
FL

Zip Code  
32507

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

*John Gray*

REGISTERED AGENT MUST SIGN

Date 20 Aug 03

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
PRES	JOHN GRAY	3211 BAYSHORE SQ	Pensacola FL 32507
TREAS	JOHN GRAY	" "	" "
SECY	JOHN GRAY	" "	" "

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 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:

*John Gray*

John Gray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19-AUG-03

Date

850 432 1111

Daytime Phone #

CR2E081 (10/02)