

APPROVED  
AND  
FILED

192

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 MAR -9 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K49462**

1. Corporation Name

**CARTER MARKETS, INC**

**WOB - 9842**

2. Principal Office Address

**41 COWRY LANE**

Suite, Apt. #, etc.

City & State

**VERO BEACH, FL**

Zip

**32963**

Country

3. Mailing Office Address

**P.O. Box 8286**

Suite, Apt. #, etc.

City & State

**VERO BEACH, FL**

Zip

**32963**

Country

**800067970728**  
03/16/06--01013--022 \*\*1350.00

**02-06**

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

**12-5-88**

5. FEI Number

**65-0088278**

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 A. CARTER**

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

**P.O. BOX 8286 / 41 COWRY LANE**

Suite, Apt. #, Etc.

City

**VERO BEACH**

State

**FL**

Zip Code

**32963**

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 A. Carter**

REGISTERED AGENT MUST SIGN

Date **1-14-06**

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
<b>P</b>	<b>JOHN A. CARTER</b>	<b>41 COWRY LANE</b>	<b>VERO BEACH, FL 32963</b>

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:

**John A. Carter**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-14-06**

Date

**772-231-1253**

Daytime Phone #

292

Gary L. Davis, CPA, P.A.

February 20, 2006

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

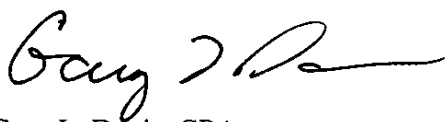
Re: Carter Markets, Inc.  
Document #: K49462

Dear Sir or Madam:

It is our understanding the above referenced corporation status has been suspended due to the lack of filing annual reports. We wish to have this corporation's status return to active and have enclosed a check in the amount of \$1,350 to cover the reinstatement fee and UBR fees for years 2002 – 2006.

If you have any questions or need additional information, please let me know. Your help and cooperation in this matter is greatly appreciated.

Sincerely,



Gary L. Davis, CPA