

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 JAN -2 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

CARTER ELECTRIC OF BELLE GLADE, INC.

2. Principal Office Address

3. Mailing Office Address

1375 W CANAL ST. NORTH

P O BOX 1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BELLE GLADE, FL

BELLE GLADE, FL

Zip

Country

Zip

Country

33430

USA

33430

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/02/1989

5. FEI Number

65-0153150

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

BETTY F. CAMPLIN

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

214 E SUGARLAND CIRCLE

Suite, Apt. #, Etc.

City

CLEWISTON

100003536221--8

-01/12/01--01089--015

\*\*\*\*\*150.00 \*\*\*\*\*150.00

100003536221--8

-01/12/01--01089--016

\*\*\*\*\*1050.00 \*\*\*\*\*1050.00

State

FL

33440

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

X Betty F. Camplin

REGISTERED AGENT MUST SIGN

Date 12/15/00

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	CARTER, CLYDE R. SR.	714 E. CONCORDIA ST.	CLEWISTON, FL 33440

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:

*Clyde R. Carter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLYDE R. CARTER SR

12/15/00

Date

561-261-9756

Daytime Phone #