PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 FEB 18 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000004166

1. Corporation Name

Carver Court Tenant Association, Inc.

Principal Place of Business | Mailing Address

REINSTATEMENT 96-00

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
830 Short Avenue	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Florida	City & State
Zip: 32805 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/09/1995

5. FEI Number: Applied For ☐ XXX Not Applicable

6. CERTIFICATE OF STATUS DESIRED XXX ☐ $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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Barbara Johnson	830 Short Avenue	Orlando, Fl 32805
VP/D	Brenda Jolly	822 Short Avenue	Orlando, Fl 32805
S/D	Andrea Cooper	917 MitchellDrive	Orlando, Fl 32805
T/D	Henri Mae King	927 W. Gore Street	Orlando, Fl 32805
AT/D	Viveca Vickers	833 W. Gore Street	Orlando, Fl 32805
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Barbara Johnson
Street Address (P.O. Box Number is Not Acceptable): 830 Short Avenue
Suite, Apt. #, Etc.:
City: Orlando State: FL Zip Code: 32805

400003145384--4
-02/24/00--01004--001
****736.25 ****490.00

CR2E081 (12/98)

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: Barbara Johnson Date: 2-2-00
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ N/A (See other side for information on intangible tax.)

12. 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: Barbara Johnson BARBARA JOHNSON 02-02-00 407426-8165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FRIEDMAN COHEN TAUBMAN & Company CERTIFIED PUBLIC ACCOUNTANTS

2 South University Drive • Suite 327
Plantation, Florida 33324-3355
Broward: 954.472.2144
Dade: 305.655.2378
Facsimile: 954.472.9244
Website: www.fctcpa.com

PRINCIPALS
Allen Cohen, CPA
Ronald S. Friedman, CPA
Richard F. Pinkiert, CPA
Andrew S. Taubman, CPA

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ALL APPLICATIONS NOT COMPLETED IN ACCORDANCE WITH THESE INSTRUCTIONS WILL BE RETURNED FOR CORRECTION(S). PLEASE READ ALL INSTRUCTIONS CAREFULLY.

INSTRUCTIONS FOR COMPLETING THE REINSTATEMENT APPLICATION

Block 1 Enter the corporation name & document number on file with the Secretary of State in Block 1. The NAME of the corporation can be changed only by filing an amendment.

Block 2 Type or print principal office address in Block 2.

Block 3 Type or print the mailing address in Block 3. (NOTE: Annual reports will be mailed to the last known mailing address. Reports are not mailed to the registered office address.)

Block 4 Enter the date of incorporation or qualification for this corporation.

Block 5 Complete Block 5 by entering your Federal Employer Identification (FEI) number or checking off the appropriate box. If "applied for" was previously reported to this office, you MUST now include the FEI number or attach a photocopy of your application for the FEI number to this form or this application will be rejected. Call Internal Revenue Service at 1-800-829-1040 for FEI assistance.

Block 6 Your cancelled check will be your filing acknowledgment unless a certificate of status is requested in Block 6 and an additional $8.75 is submitted to cover its fee. Certificates of status will be mailed to the corporate mailing address unless accompanied by a cover letter indicating the name and address to whom the certificate should be mailed.

February 10, 2000

P	FRANK CARTIN	7843 WATERFALL TERR	BOYNTON BEACH, FL 33437
S.T.	PHYLLIS CARTIN	7843 WATERFALL TERR.	BOYNTON BEACH, FL. 33437

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: Pres. 1/22/20 561-733-9141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #