

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV -6 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003166

1. Corporation Name

FRIENDS OF CARRIE UNITED SUPPORT, INC.

2. Principal Office Address

255 FOREST LAKES BLVD.

Suite, Apt. #, etc.

City & State

OLDSMAR, FLORIDA

Zip

34677

Country

PINELLAS

3. Mailing Office Address

255 FOREST LAKES BLVD.

Suite, Apt. #, etc.

City & State

OLDSMAR, FLORIDA

Zip

34677

Country

PINELLAS

500024458285
11/06/03--01002--007 **481.25

REINSTATEMENT

Date Incorporated or Qualified
To Do Business in Florida 06/02/1997

5. FEI Number

59-3450507

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

BUBLEY & BUBLEY, P.A.

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

3820 NORTHDAL E BOULEVARD

Suite, Apt. #, Etc.

SUITE 312

City

TAMPA

State

FL

Zip Code

33624

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

Martin Buble
REGISTERED AGENT MUST SIGN

Date 11/03/03

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
D	DAVID BEAUDIN	11805 DERBYSHIRE DRIVE	TAMPA, FL 33626
D	NORMAN BEAUDIN	5309 29TH STREET EAST	ELLENTON, FL 34222
D	NORMAN DANN	5997 SANDY LANE	WESLEY CHAPEL, FL 33544

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.

DAVID
BEAUDIN
SIGNATURE:

David Beaudin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT-29-03 813-814-2754

Date

Daytime Phone #

CR2E081 (10/02)