

1082

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM JAN 9: 27

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000006100

**1. Corporation Name**

CARLSON CUSTOM BUILDING INC.

**2. Principal Office Address**

11817 LARK SONG LP.

Suite, Apt. #, etc.

City & State

RIVERVIEW FL

Zip

33569

Country

USA

**3. Mailing Office Address**

11817 LARK SONG LOOP

Suite, Apt. #, etc.

City & State

RIVERVIEW FL

Zip

33569

Country

USA

800029034848  
02/19/04--01005--009 \*\*\$300.00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

59-3620373

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

Roxann L CARLSON

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

11817 LARK SONG LOOP

Suite, Apt. #, Etc.

City

RIVERVIEW

State

FL

Zip Code

33569

**REINSTATEMENT**

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

02/09/04

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	W. Shane Carlson	11817 Lark Song Loop	Riverview, FL 33569
S	Roxann L CARLSON	11817 Lark Song Loop	Riverview, FL 33569

**10. I certify that I am an officer or director of 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)(f), 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:

*[Signature]* W SHANE CARLSON

Date

813-245-7405

Daytime Phone #

03-04

CR02061 (01/04)

BS

20f2

February 10, 2004

Dear Sir,

I am writing this letter to you in request that the reinstatement fees be waived, do the fact that my office was located on Faulkenburg Rd., and has moved back to Lark Song Loop. When I moved my office, the Uniform Business Report was not received by me for the year of 2003. Apparently the form was not forwarded to my new address. I am asking that my status be returned to the active state and I am sending in payment for the year of 2003 and also 2004.

Thank you in advance for your consideration to this matter.

Best Regards,

W. Shane Carlson  
Carlson Custom Building, Inc.  
11817 Lark Song Loop  
Riverview, FL 33569  
Document # P00000006100  
Office # (813)245-7405