

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000039213

1. Corporation Name

JOHN P. CARROLL BUILDING CONTRACTOR, INC.

Principal Place of Business

72 CAROLYNN LANE  
SANTA ROSA BEACH FL 32459

Mailing Address

BOX 611088  
ROSEMARY BEACH FL 32461  
US



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/13/2000

5. FEI Number

59-3643380

Applied For

☒ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| PVST          | CARROLL, JOHN P                           | BOX 611088   | ROSEMARY BEACH FL 32461 |
|               |   |  |                         |
|               |   |  |                         |
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100008667221  
10/29/02--01042--013 \*\*750.00

*Franklin H. Watson*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARROLL, JOHN P  
72 CAROLYNN LANE  
SANTA ROSA BEACH FL 32459

Name

Franklin H. Watson, P.A.

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

5365 E. Highway 30-A

Suite, Apt. #, Etc.

Suite 105

City

SEAGROVE BEACH

State

FL

Zip Code

32459

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Signature Required*

REGISTERED AGENT MUST SIGN

Date 10/25/02

11. 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:

*Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-02

Date

8502319050

Daytime Phone #

CR2E040 (802)