## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION **FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS** 

P00000039213 DOCUMENT #

1. Corporation Name

JOHN P. CARROLL BUILDING CONTRACTOR, INC.

Principal Place of Business

Mailing Address

72 CAROLYNN LANE SANTA ROSA BEACH FL 32459

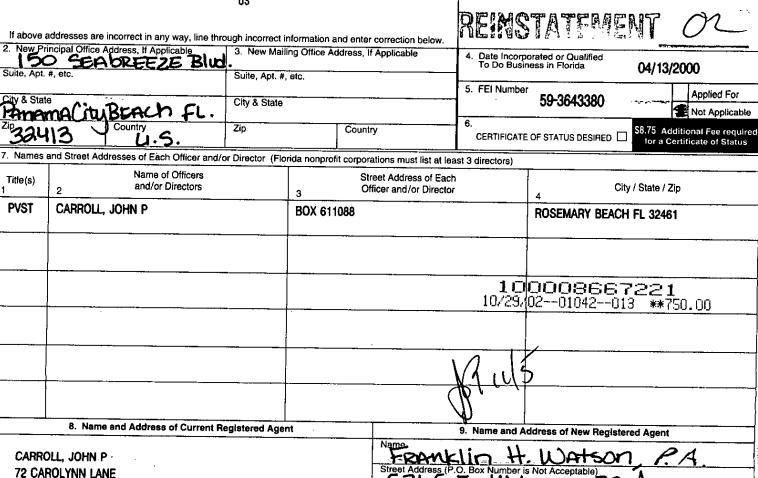
BOX 611088

ROSEMARY BEACH FL 32461

FILED

02 OCT 29 AM 8: 19

SECRETARY OF STATE TALLAHASSEE. FLORIDA



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

SANTA ROSA BEACH FL 32459

REGISTERED AGENT MUST SIGN

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 filling 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 fignature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. Highwal

10-25-02 8502319