

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 14 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

D.S. Carpentry Inc.

P00000043548

2. Principal Office Address

4296 LuAwana Dr.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota

City & State

FL

Zip

34241

Country

USA

Zip

Country

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

4/28/2000

5. FEI Number

65-1010782

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

300012872153

02/20/03--01055--011 **150.00

7. Name and Address of Current Registered Agent

Name

Lauran Delagrang

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

7071 Manna Loa Blvd.

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34241

300012872153

03/14/03--01103--005 **15.00

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

Lauran Delagrang

Date

3-10-03

REGISTERED AGENT MUST SIGN

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
P	Barry Delagrang	4296 LuAwana	Sarasota FL 34241
D	William Wittmer	3194 Courtland	Sarasota FL 34241

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/03
Date

941-378-3141
Daytime Phone #

CR2E081 (10/02)

2/3/14

*D&S Carpentry Inc.
4296 Luawana Dr.
Sarasota, Fl 34241
(941) 378-3141*

Attention Department of State of Division of Corporations,

It has just been brought to my attention that you did not receive our Uniform Business Report with a check for 150.00 last January, which made our business inactive. Apparently the report and check has been lost in the mail. Please reinstate our business, as we have never been dissolved, and have been operating as a business as such. Enclosed are the necessary forms, along with a check for 150.00, which I have been advised over the phone to enclose. If there are any questions please call me at the above number. Thank you.

Lauran Delagrange
Registered agent

Lauran Delagrange