

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000015431

1. Corporation Name

CARTER PLUMBING CORPORATION

Principal Place of Business

Mailing Address

1500 NW 45TH STREET  
MIAMI FL 33142

1500 NW 45TH STREET  
MIAMI FL 33142

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

02/09/2001

5. FEI Number

65-1075824

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CARTER, RUBEN	1500 NW 45TH STREET	MIAMI FL 33142
SD	CARTER, JANET E	1500 NW 45TH STREET	MIAMI FL 33142

700024334677

10/31/03--01058--015 \*\*750.00

8. Name and Address of Current Registered Agent

RODRIGUEZ, RAFAEL E JR CPA  
9500 S. DADELAND BLVD.  
SUITE 508  
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name

Ruben L. Carter

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

1500 NW 45 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33142

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]*  
REGISTERED AGENT MUST SIGN

Date 10/26/03

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ruben L. Carter

Date

Daytime Phone #

10/26/03  
305-681-4082



REINSTATEMENT 03

FILED

03 OCT 31 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E040 (7/03)