APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State
DIVISION OF CORPORATIONS

P01000015933

1. Corporation Name

DOCUMENT #

HENRY'S CARPENTRY, INC.

Principal Place of Business

Mailing Address

3550 POCAHONTAS DR. LARGO FL 33774 3550 POCAHONTAS DR. LARGO FL 33774 FILED

03 NOV 25 PM 5: 08

SECRETARY OF STATE TALLAHASSEE, FLORIDA

If above addresses are incorrect in any way, line through incorrect information and enter correction below.							
New Principal Office Address, If Applicable		New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida		10/0004	
Suite, Apt. #, etc.		-Suite, Apt#, etc.		02/12/2001			
				5. FEI Number		Applied For	
City & State		City & State		59-3713064		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED		ional Fee required	

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	Street Address of Each Officer and/or Director	City / State / Zip
Р	HENRY, ISAAC	3550 POCAHONTAS DR	LARGO FL 33774
V.	HENRY, BRENDA	3550 Pochhontas DR	hAR90, FL 3-3714
5 1/1	Phillips, Robert	3550 POCAHON HASAR	LARGO, FL 33174
		40	0025027104 03-01031-002 **150,00
		4D 11/25/	0025027104 0301031003 **8.75

8. Name and Address of Current Registered Agent

Name and Address of New Registered Agent

HENRY, ISAAC

3550 POCAHONTAS DR. LARGO FL 33774 Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State Zip Code

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

REGISTERED AGENT MUST SIGN

Date 10/31/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-03

791-

Daytime Phone #

CR2E040 (7/03)

20P2

Henry's Carpentry, Inc.

3550 Pocahontas Drive Largo, Fl. 33774 (727) 588-9055 (727)463-6384 cell

fishhenry@aol.com

October 31, 2003

Division of Corporations

Annual Report/Reinstatement Section
PO Box 6327

Tallahassee, Fl. 32314-6327

RE: Reinstatement/59-3713064

Dear Madam/Sir:

Please be advised that the corporation did not receive the two uniform business report notices. (UBR) Please reinstate.

Attached please find the application and a money order for \$8.75 for a certificate of status.

If you should have any questions or need further information, please contact me at 727 463-6384.

Sincerely,

Vace W. Henry, President