

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0100003448

1. Corporation Name

DO IT RIGHT CARPENTRY INC

2. Principal Office Address - No P.O. Box #

16594 83RD PLACE NORTH

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

Zip

33470

Country

PALM BEACH

3. Mailing Office Address

16594 83RD PLACE NORTH

Suite, Apt. #, etc.

City & State

16594 83RD PLACE NORTH

Zip

33470

Country

PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

04/02/2001

5. FEI Number
65-1091096

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROBERT OLIVER

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

16594 83RD PLACE NORTH

Suite, Apt. #, Etc.

City

LOXAHATCHEE

State

FL

Zip Code

33470

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Robert Oliver

Date 10/30/2009

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	ROBERT OLIVER	16594 83RD PLACE NORTH	LOXAHATCHEE, FL 33470

REINSTATEMENT

08-09
[Signature]

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 contained in Chapter 119, 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:

Robert Oliver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/2009

Date

561-262-5242

Daytime Phone #