

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000034448

1. Corporation Name

Do It Right Carpentry, Inc.

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

16594 83rd Pl. North

Suite, Apt. #, etc.

3. Mailing Office Address

16594 83rd Pl. North

Suite, Apt. #, etc.

City & State

Loxahatchee Fl.

Zip

33470

Country

USA

City & State

Loxahatchee Fl.

Zip

33470

Country

USA

7. Name and Address of Current Registered Agent

Name

Robert Oliver

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

16594 83rd Pl. North

Suite, Apt. #, Etc.

City

Loxahatchee

State

FL

Zip Code

33470

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

REGISTERED AGENT MUST SIGN

Date 2-22-12

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 Pl. North	Loxahatchee Fl. 33470

10. E-mail Address: Do It Right Carpentry @ AOL. Com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Robert Oliver

Robert Oliver

2-22-12 (561) 262-5242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAR 19 AM 5:44

100223180741
02/28/12--01005--004 **750.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

4-2-2001

5. FEI Number

651091096

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 11-12

100223180741
03/14/12--01030--005 **150.00

MAR 19 2012

D. BUTLER

(561) 262-5242