

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1072
FILED

04 SEP -9 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **Pol 0000 61540**

1. Corporation Name

McCardle Carpentry, Inc.

REINSTATEMENT 02-04

MRD

2. Principal Office Address

18431 Hawthorne Rd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

City & State

Zip

33912

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/20/2001

5. FEI Number

65-1112003

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

John McCardle

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

18431 Hawthorne Rd.

Suite, Apt. #, Etc.

100041129821
09/17/04--01079--010 **490.00

City

Ft. Myers

State

FL

Zip Code

33912

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

[Signature]

Date

9/8/04

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 | John McCardle | 18431 Hawthorne Rd. | Ft. Myers, FL 33912 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

Date

9/8/04

Daytime Phone #

239-872-3760

CR2E081 (01/04)

202
Brigid D. Soldavini CPA, P.A.

5455 Jaeger Road
Naples, FL 34109
OFFICE 239-591-4747 • FAX 239-591-2991

September 8, 2004

Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, Fl. 32314

RE: Mcardle Carpentry, Inc.
Document # P01000061540

Dear Sirs:

This correspondence is on behalf of Mcardle Carpentry, Inc.

The owner of this business was recently made aware that the filing status of the corporation was inactive due to failure of filing the Annual Business Report.

It appears that the forms were mailed to an old address and were not being forwarded to the new business address.

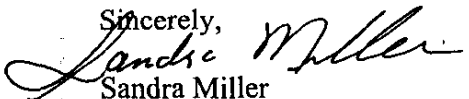
Since the business owner was uninformed of the filing requirements, they did not question the fact that they were not receiving them.

We have enclosed a reinstatement form along with a check for \$450.00 for the 2002, 2003 and 2004 report.

Please accept our request to process the reports and abate the late filing fee, due to this oversight.

Thank you in advance for your co-operation.

Sincerely,


Sandra Miller
Brigid D. Soldavini CPA, P.A.