

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State Division of Corporations
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DOCUMENT # **P01000061540**

**1. Corporation Name**  
**McCardle Carpentry, Inc**

**2. Principal Office Address - No P.O. Box #**  
**18549 Winterhaven Rd**

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

**City & State**

**FL Myers, FL**

**Zip**  
**33967**

**City & State**

**Country**

**Zip**

**Country**

**7. Name and Address of Current Registered Agent**

**Name**  
**John McCardle**

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

**18549 Winterhaven Rd**

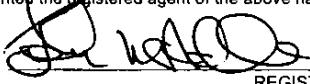
**Suite, Apt. #, Etc.**

**City**  
**Ft. Myers**

**State**  
**FL**

**Zip Code**  
**33967**

**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**  


**Date**

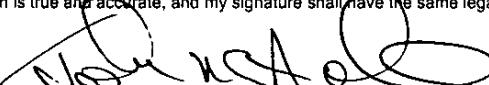
**5/14/07**

**REGISTERED AGENT MUST SIGN**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
<b>P</b>	<b>John McCardle</b>	<b>18549 Winterhaven Rd</b>	<b>Ft. Myers, FL 33967</b>
			<b>800104224858</b>
			<b>06/26/07-01049--003 **158.75</b>
			<b>800104224858</b>
			<b>06/11/07-01049--017 **300.00</b>

**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:**  


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

**5/14/07**

**Date**

**Daytime Phone #**