

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 13 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000063258

1. Corporation Name

CARTER'S CAY CONSULTING, INC.

700026872607
01/13/04--01083--013 **758.75

2. Principal Office Address

23 Starboard Drive

Suite, Apt. #, etc.

City & State

Tequesta, Florida

Zip
33469

Country

Palm Beach

3. Mailing Office Address

23 Starboard Drive

Suite, Apt. #, etc.

City & State

Tequesta, Florida

Zip
33469

Country

Palm Beach

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/26/01

5. FEI Number

65-1123845

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

Gregory Wiita

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

23 Starboard Drive

Suite, Apt. #, Etc.

City

Tequesta

State

FL

Zip Code

33469

REINSTATEMENT 03

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

REGISTERED AGENT MUST SIGN

Date 12/11/03

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
D	Wiita, Gregory	23 Starboard Drive	Tequesta, FL 33469

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:

Gregory Wiita

12/11/03

561-371-9052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)