PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. E.D.



FLORIDA DEPARTMENT OF STATE Jim Smith

02 OCT 25 PM 2: 02

SECOUNTA DV

REIN	JA-MEO!		cretary of State n of corporations	;	TALLAHASSEE,	STATE FLORIDA	
DOCL	JMENT # P0100010	6333		·			
1. Corpora	tion Name PER CARPENTRY, INC	<i>.</i> -					
				9000	0085966	19	
2. Principal Office Address 118 MAIN STREET		3. Mailing Office Address 5777 BENEVA ROAD SOUTH		10/25/02~	-01083002 *	*150.00	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
	<u>-</u> .			4. Date Incorporated of To Do Business in F			
City & State		City & State		5. FEI Number	5. FEI Number Applied For		
OSPREY, FLORIDA		SARASOTA, FLORIDA		L 05 4440004		Not Applicable	
^{Zip} 34229	Country USA	Zip 34233	Country USA	6. CERTIFICATE OF STAT		itional Fee required	
		7. Nam	and Address of Current Re	gistered Agent			
	Name DANIEL L. PREWETT Street Address (P.O. Box Number is Not Acceptable) 5777 BENEVA ROAD SOUTH						
;							
	Suite, Apt. #, Etc.						
	City SARASOTA	State FL	Zip Code 34233				
8. I, being a	appointed the registered agent of the abo	ve named corporation	en, am familiar with and accept	the obligations of section 607.05	05 or 617.0503, F.S.		

Signature of Registered Agent _		Date	
	REGISTERE	ED AGENT MUST SIGN	
9. Names and Str	eet Addresses of Each Officer and/or Direct	or (Florida nonprofit corporations must list at least 3 dire	ctors)
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/T/D CAR	PER, JEFF	118 MAIN STREET	OSPREY, FL 34229
	,		
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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:

MATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CARPER CARPENTRY, INC. 5777 Beneva Road South Sarasota, FL 34233

October 22, 2002

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Carper Carpentry, Inc.

P01000106333

Dear Sir or Madam,

Please find the enclosed Annual Report for the above-referenced corporation. Our mail person would not deliver any corporate mail to our personal home address and thus we never received the renewal notice for tax year 2002.

Our accountant brought the administrative dissolution of our corporation to our attention while he was performing an audit on our records. There was no intentional disregard for our responsibility to file. Therefore, we respectfully request an abatement of all penalties and reinstatement of our corporation.

Thank you for your assistance in this matter. If you have any questions or concerns, please do not hesitate to call me.

Best-regards; -

Jeff Carper, President

(941) 966-8767

Enclosure