

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -2 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000106701

1. Corporation Name

DURABUILT CUSTOM WET BARS & CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

~~200 WEST PROSPECT ROAD~~
OAKLAND PARK FL ~~33309~~

~~226 WEST PROSPECT ROAD~~
OAKLAND PARK FL ~~33309~~



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4830 N.E. 10th AVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4830 NE 10th AVE

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/2002

5. FEI Number

03-048 4909

Applied For

Not Applicable

City & State

City & State

Zip
33334

Country

Zip
33334

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	CARTER, GARY T	200 WEST PROSPECT ROAD 4561 NW 11 Terr.	OAKLAND PARK FL 33309 FT. Laud. FL 33309

200025939272
01/02/04--01053--003 **750.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name
GARY T. CARTER
Street Address (P.O. Box Number is Not Acceptable)
4830 NE 10th AVE
Suite, Apt. #, Etc.

City
OAKLAND PARK

State
FL

Zip Code
33334

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Gary T. Carter
REGISTERED AGENT MUST SIGN

Date 10/21/2003

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., 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary T. Carter 10/21/03 954-563-1358

Date

Daytime Phone #

CR2E040 (7/03)