

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT -9 PM 12:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000121402

1. Corporation Name

CARRIS COMMERCIAL PROPERTY, INC.

000023968030

10/17/03--01005--022 **758.75

2. Principal Office Address

222 Lakeview Avenue, Suite 260

3. Mailing Office Address

222 Lakeview Avenue

Suite, Apt. #, etc.

Suite 260

Suite, Apt. #, etc.

Suite 260

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip 33401

Country USA

Zip 33401

Country USA

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

11/13/2002

5. FEI Number

Applied For

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

Larry M. Mesches, P.A.

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

222 Lakeview Avenue, Suite 260

Suite, Apt. #, Etc.

Suite 260

City

West Palm Beach

State
FL

Zip Code
33401

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

Larry M. Mesches

Date 10-9-03

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
PD	Harris Rein	222 Lakeview Avenue, #260	West Palm Beach, FL 33401

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

10/9/03

Date

(561)659-4020

Daytime Phone #

CR2E081 (10/02)

71 10/10