

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION
 FOR
 REINSTATEMENT

FILED
 03 OCT 21 PM 12:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000123383**

1. Corporation Name

O'CARROLL HOMES, INC.

Principal Place of Business

102 COMMERCIAL AVE
 E PALATKA FL 32131

Mailing Address

102 COMMERCIAL AVE
 E PALATKA FL 32131



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		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/19/2002	
City & State		City & State		5. FEI Number	
Zip		Country		11-3669921	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	O'CARROLL, MAURICE	102 COMMERCIAL AVE	E PALATKA FL 32131
D	O'CARROLL, LINDA	102 COMMERCIAL AVE	E PALATKA FL 32131

300023980603
 10/21/03--01107--024 **750.00

8. Name and Address of Current Registered Agent

WATSON, TODD ETAL
 7785 BAYMEADOWS WAY STE 107
 JACKSONVILLE FL 32256

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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

[Handwritten Signature]
 REGISTERED AGENT MUST SIGN

Date 10-20-03

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-9-03

Daytime Phone #

904 692
 2314

CR2040 (7/03)