

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000092918

1. Entity Name

DAVID CARVER CONTRACTORS, INC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 31 AM 11:01

Principal Place of Business

1600 SKYLINE DRIVE
KISSIMMEE, FL 34744

Mailing Address

1600 SKYLINE DRIVE
KISSIMMEE, FL 34744

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08242005

REIN-P

CR2E098 (6/04)

City & State

City & State

4. FEI Number

450528436

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARVER, DAVID
1600 SKYLINE DRIVE
KISSIMMEE, FL 34744

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME LOMBARDY-CARVER, CHENOA
STREET ADDRESS 1600 SKYLINE DRIVE
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE ☐ Change ☐ Addition
NAME 300059785950
STREET ADDRESS 09/20/05--01052--010 **900.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08.30.05