

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000122028 1. Entity Name KEITH SR CARPENTRY INCORPORATED			
Principal Place of Business 1831 TRUMBULL STREET DELTONA, FL 32725		Mailing Address 1831 TRUMBULL STREET DELTONA, FL 32725	
2. Principal Place of Business Home Suite, Apt. #, etc. 1831 Trumbull St City & State Deltona FL Zip 32725 Country Volusia		3. Mailing Address 1831 Trumbull St Suite, Apt. #, etc. Deltona FL City & State 32725 Zip 32725 Country Volusia	
4. FEI Number 10132005		REIN-P CR2E098 (6/04)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NOWLAND, KEITH G SR. 1831 TRUMBULL STREET DELTONA, FL 32725		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Keith G Nowland</i></u> DATE <u>10/24/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00 </div> <div></div> <div></div> </div>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete NOWLAND, KEITH G SR. 1831 TRUMBULL STREET DELTONA, FL 32725	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete Owner Operator Keith G Nowland SR 32725 1831 Trumbull St Deltona FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Keith G Nowland</i></u> DATE <u>10/24/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

FILED
05 OCT 31 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10132005 REIN-P CR2E098 (6/04)

4. FEI Number 30-0212235 Applied For Not Applicable

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

NOWLAND, KEITH G SR.
1831 TRUMBULL STREET
DELTONA, FL 32725

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 *Keith G Nowland* DATE 10/24/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete P NOWLAND, KEITH G SR. 1831 TRUMBULL STREET DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete Owner Operator Keith G Nowland SR 32725 1831 Trumbull St Deltona FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: *Keith G Nowland* DATE 10/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

To Whom it may concern,
I Keith G Nowland did not
recieve my ANUAL Report By mail.
I called and spoke with A Kathy
so I filled this one they sent
me, and sent a check for \$150.00
like Kathe explained to me,
and ASK that you please reinstate
me please, as this is my 1st year
as a corp. I did not no when
It was due. Due too the fact
I am new At this.

Thank you
Keith G Nowland