

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -2 AM 9: 08

DOCUMENT # PO3000143467

1. Corporation Name

D.L.H. Carpentry

REINSTATEMENT 04-05

CR2E081 (8/05)

2. Principal Office Address

5022 Bayberry St.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

North Port FL

City & State

Zip

34286

Country

Sarasota

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12-02-03

5. FEI Number

20-0457456

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

Dana L. Howes

000061866880

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

5022 Bayberry St.

12/02/05--01041--005 ***308. '5

Suite, Apt. #, Etc.

City

North Port

State
FL

Zip Code

34286

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

Dana L. Howes

Date 11-28-05

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
P	Dana L. Howes	5022 Bayberry St.	North Port, FL, 34286

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:

Dana L. Howes

Dana L. Howes

11-28-05

(941) 391-0749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 391-0749