

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 # *PO 3000143467*

1. Corporation Name

D.L. H. Carpentry

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

Zip

Country
Sarasota

Country

7. Name and Address of Current Registered Agent

Name

Dana L. Howes

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

5022 Bayberry St.

Suite, Apt. #, Etc.

0000061866880

*12/02/05-01041-005 **308.75*

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
<i>P</i>	<i>Dana L. Howes</i>	<i>5022 Bayberry St.</i>	<i>North Port, fl, 34286</i>

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

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-28-05 (941) 391-0746

(941) 391-0746

REINSTATEMENT

04-05

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

19-02-03

5. FEI Number

20-0457456

Applied For
 Not Applicable

6.

CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status