

12/14/2005 14:59

NO.401 0002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

06 APR 12 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000005697

1. Corporation Name

Everlast Carpentry, Inc.
d/b/a WATERMARK CONSTRUCTION

2. Principal Office Address

2851 Remington Green Circle SAME

Suite, Apt. #, etc.

Suite B

City & State

Tallahassee, FL

Zip

32308

Country

Leon

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/7/2004

5. FBI Number

56-2441276

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

Robert A. Pierce

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

227 South Calhoun Street

Suite, Apt. #, Etc.

Washington Square Building

City

Tallahassee

State
FL

Zip Code

32301

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

Robert A. Pierce

Date 16 December 2005

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
PST	GREGORY R. MITCHELL	2851 Remington Green Circle	Tallahassee, FL 32308

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 addressed, 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)(b), 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:

SIGNATURE AND TITLES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06 352 538 7019

Date

Daytime Phone #

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