

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV 20 AM 9:48

DOCUMENT # P04000030596

1. Corporation Name

Chris Carter Enterprises, Inc.

REINSTATEMENT 65-06

2. Principal Office Address

1526 W. Omaha PL.

Suite, Apt. #, etc.

3. Mailing Office Address

1526 W. Omaha PL.

Suite, Apt. #, etc.

City & State

Citrus springs, FL.

City & State

Citrus Springs, FL.

Zip

34434

Country

USA

Zip

34434

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

Feb. 9, 2004

5. FEI Number

59-3782053

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

Chris Carter

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

1526 W Omaha PL.

Suite, Apt. #, Etc.

City

Citrus Springs

State

FL

Zip Code

34434

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

Chris Carter

Date 11/15/06

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	Chris Carter	1526 W Omaha PL.	Citrus Springs, FL. 34434

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 contained in Chapter 119, 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:

Chris Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/06

Date

Daytime Phone #

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This letter is to state that I, Chris Carter, was not aware of my corporation's (Chris Carter Enterprises, Inc.) dissolution. I never received an annual report notice in 2005. I had moved and relocated to different city.

Chris Carter Enterprises, Inc.  
Chris Carter  
1526 W. Omaha Pl.  
Citrus Springs, FL. 34434  
352-533-3156